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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N36052**

1. Corporation Name
LAKEWOOD PARK PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7508 JENNINGS WAY FT PIERCE FL 34951-2118	7508 JENNINGS WAY FT PIERCE FL 34951-2118

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 01/10/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6152228 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

LUCAS, AMANDA
6150 LEE BLVD
FT PIERCE FL 34951

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☐ DELETE	1.1 TITLE	President	☒ Change ☐ Addition
NAME	COLLIER, LIL		1.2 NAME	Collier, Lil	
STREET ADDRESS	7107 BROOKLINE AVE		1.3 STREET ADDRESS	7107 Brookline ave	
CITY-ST-ZIP	FT. PIERCE FL 34951		1.4 CITY-ST-ZIP	Ft. Pierce FL 34951	
TITLE	D	☒ DELETE	2.1 TITLE	Treasurer	☐ Change ☒ Addition
NAME	LUCAS, ROBERT		2.2 NAME	Margo Harper	
STREET ADDRESS	6150 LEE ROAD		2.3 STREET ADDRESS	8203 Ft Pierce Blvd	
CITY-ST-ZIP	FT. PIERCE FL 34951		2.4 CITY-ST-ZIP	Ft Pierce FL 34951	
TITLE	STD	☒ DELETE	3.1 TITLE	Director	☐ Change ☒ Addition
NAME	RAINES, ROBERT		3.2 NAME	Tony Peragine	
STREET ADDRESS	8605 SALERNO ROAD		3.3 STREET ADDRESS	8106 Coquina ave	
CITY-ST-ZIP	FT PIERCE FL 34951		3.4 CITY-ST-ZIP	Ft Pierce FL 34951	
TITLE	D	☐ DELETE	4.1 TITLE	Vice President	☒ Change ☐ Addition
NAME	TEN EYCK, MARY ELLEN		4.2 NAME	Ten Eyck, Mary Ellen	
STREET ADDRESS	6702 SANTA CLARA RD		4.3 STREET ADDRESS	6702 Santa Clara Rd	
CITY-ST-ZIP	FT. PIERCE FL 34951		4.4 CITY-ST-ZIP	Ft Pierce FL 34951	
TITLE	P	☒ DELETE	5.1 TITLE	Director	☐ Change ☒ Addition
NAME	FITZPATRICK, C R		5.2 NAME	Earl Jones	
STREET ADDRESS	7406 PENSACOLA ROAD		5.3 STREET ADDRESS	6008 Huida Dr	
CITY-ST-ZIP	FT PIERCE FL 34951		5.4 CITY-ST-ZIP	Ft Pierce FL 34951	
TITLE	D	☐ DELETE	6.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	WOLFE, JEANNE		6.2 NAME	Wolfe, Jeanne	
STREET ADDRESS	6505 LAKELAND BLVD		6.3 STREET ADDRESS	6505 Lakeland Blvd	
CITY-ST-ZIP	FT PIERCE FL 34951		6.4 CITY-ST-ZIP	Ft Pierce FL 34951	

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William P. Collier 1/6/99 561-464-9377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #