2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

00 MAY 15 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N36052

1. Entity 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

04/26/2000 90204 001 -61.25
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-6152228 ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LIBERSKY, CATHERINE ANN 7508 JENNINGS WAY FT PIERCE FL 34951	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COLLIER, LIL 7107 BROOKLINE AVE FT. PIERCE FL 34951	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P James L. Holcomb 9602 Deland Ave Ft. Pierce, FL 34951	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HARPER, MARGO 8203 FT. PIERCE BOULEVARD FT. PIERCE FL 34951	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Robert C Clark 6012 Deborah Way Ft. Pierce, FL 34951	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PERAGINE, TONY 8106 COQUINA AVENUE FT PIERCE FL 34951	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Lil Collier 7107 Brookline Ave Ft. Pierce, Fl 34951	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP TEN EYCK, MARY ELLEN 6702 SANTA CLARA RD FT. PIERCE FL 34951	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Mark Swesey 6905 Pacific Ave Ft. Pierce Fl 34951	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JONES, EARL 6008 HULDA DRIVE FT. PIERCE FL 34951	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treas. Dolores Worth 9602 Salerno Rd Ft. Pierce, Fl 34951	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WOLFE, JEANNE 6505 LAKELAND BLVD FT PIERCE FL 34951	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] President 4/17/00 561/466-7788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #