

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90777 025 ****61.25

DOCUMENT # N97000006498 1. Entity Name LAKEWOOD AT THE LAKES AT THREE OAKS HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 19091 TAMiami TRAIL S.E. FORT MYERS, FL 33908		Mailing Address 19091 TAMiami TRAIL S.E. FORT MYERS, FL 33908	
2. Principal Place of Business P & M Property Management 15660 San Carlos Blvd. # 40 Fort Myers, Florida 33908		3. Mailing Address P & M Property Management 15660 San Carlos Blvd. # 40 Fort Myers, Florida 33908	
			
		04282004 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-3513402		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FREEMAN, PAUL H 19091 TAMiami TRAIL S.E. FORT MYERS, FL 33908		7. Name and Address of New Registered Agent Name Paul L Sapp P & M Property Management 15660 San Carlos Blvd. # 40 Fort Myers, Florida 33908 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Paul L Sapp (NOTE: Registered Agent signature required when reinstating) DATE 4-28-04			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD ☐ Delete NAME ANDERSON, HENRY A STREET ADDRESS 9100 PITTSBURGH BLVD. CITY-ST-ZIP FORT MYERS, FL 33912	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE VD ☐ Delete NAME MONSEES, WILLIAM STREET ADDRESS 17571 STEPPING STONE DR. CITY-ST-ZIP FORT MYERS, FL 33912	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE SD ☐ Delete NAME REDAVID, LYNN STREET ADDRESS 9031 PITTSBURG BLVD. CITY-ST-ZIP FORT MYERS, FL 33912	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE TD ☐ Delete NAME TACOMINI, ALFRED STREET ADDRESS 9020 PITTSBURGH BLVD. CITY-ST-ZIP FORT MYERS, FL 33912	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE D ☐ Delete NAME TINGLE, PHIL STREET ADDRESS 9201 PITTSBURGH BLVD. CITY-ST-ZIP FORT MYERS, FL 33912	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE D ☐ Delete NAME OLIVE, FRANK STREET ADDRESS 17311 STEPPING STONE DRIVE CITY-ST-ZIP FORT MYERS, FL 33912	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
12. 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: WM Monsees SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/29/04 Date Daytime Phone #	