2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2011
Secretary of State

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Entity Name: LAKEWOOD AT THE LAKES AT THREE OAKS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD, SUITE 200
FT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

C/O ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD, SUITE 200
FT MYERS, FL 33919

New Mailing Address:

FEI Number: 59-3513402 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER RD
STE 200
FT MYERS, FL 33919 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD
Name: MOUNTS, BOB
Address: 17511 STEPPING STONE DR.
City-St-Zip: FORT MYERS, FL 33967

Title: TD
Name: REDAVID, LYNN
Address: 9031 PITTSBURGH BLVD
City-St-Zip: FORT MYERS, FL 33967

Title: SD
Name: ALLOWAY, WES
Address: 17521 STEPPING STONE DR.
City-St-Zip: FORT MYERS, FL 33967

Title: VP
Name: PEARL, EMILE
Address: 9191 PITTSBURGH BLVD.
City-St-Zip: FT. MYERS, FL 33967

Title: D
Name: ROSEN, JAY
Address: 9050 PITTSBURGH BLVD
City-St-Zip: FT. MYERS, FL 33967

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LYNN REDAVID TD 04/06/2011

Electronic Signature of Signing Officer or Director — Date