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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N98000000351

1. Corporation Name

NON SHAREHOLDERS OWNERS ASSOCIATION OF LAKEWOOD VILLAGE, INCORPORATED

Principal Place of Business

LOT #258
 1455 90TH AVE
 VERO BEACH FL 32966

Mailing Address

LOT #258
 1455 90TH AVE
 VERO BEACH FL 32966



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/20/1998

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0794937

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHLOW, MARTHAMAE C
 LOT #258
 1455 90TH AVE
 VERO BEACH FL 32966

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT DELETE
 NAME MARTHAMAE SCHLOW
 STREET ADDRESS 1455 90 AVE # 258
 CITY-ST-ZIP VERO BCH, FL 32966

1.1 TITLE TREASURER Change Addition
 1.2 NAME NANCY CALLAWAY
 1.3 STREET ADDRESS 1455 90 AVE # 278
 1.4 CITY-ST-ZIP VERO BEACH, FL 32966

TITLE VICE PRESIDENT DELETE
 NAME LOIS DE RYKE
 STREET ADDRESS 1455 90 AVE # 257
 CITY-ST-ZIP VERO BEACH, FL 32966

2.1 TITLE BOARD MEMBER Change Addition
 2.2 NAME RICK DOYLE
 2.3 STREET ADDRESS 1455 90 AVE # A-36
 2.4 CITY-ST-ZIP VERO BEACH, FL 32966

TITLE ~~TREASURER~~ SECRETARY DELETE
 NAME CARMEN CASTELLANO
 STREET ADDRESS 1455 90TH AVE #180
 CITY-ST-ZIP VERO BCH, FL

3.1 TITLE BOARD MEMBER Change Addition
 3.2 NAME ~~NANCY~~ URQUHART
 3.3 STREET ADDRESS ROSEMARY AVE # 240
 3.4 CITY-ST-ZIP VERO BEACH, FL 32966

TITLE TREASURER DELETE
 NAME MARY CAMP
 STREET ADDRESS 1455 90 AVE #203
 CITY-ST-ZIP VERO BEACH, FL 32966

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE BOARD MEMBER DELETE
 NAME DOROTHY HORTON
 STREET ADDRESS 1455 90 AVE # 295
 CITY-ST-ZIP VERO BEACH, FL 32966

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE BOARD MEMBER DELETE
 NAME FRANK SMITH
 STREET ADDRESS 1455 90 AVE # 256
 CITY-ST-ZIP VERO BEACH, FL 32966

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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: *Martamae C. Schlow* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 2/24/99 DAYTIME PHONE # (561) 567-8938

CR2E037 (1/1/98)