

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739532

Entity Name: LAKEWOOD VILLAS IV HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**C/O FLORIDA COASTAL ASSOC. MGMT
3806 EXCHANGE AVENUE
NAPLES, FL 34104**Current Mailing Address:**C/O FLORIDA COASTAL ASSOC. MGMT
3806 EXCHANGE AVENUE
NAPLES, FL 34104 US**FEI Number:** 59-1891982**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EYRE, CHRISTOPHER
C/O ALLIANCE MANAGEMENT
3806 EXCHANGE AVENUE
NAPLES, FL 34104 US*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:** CHRISTOPHER EYRE

03/27/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	BODEM, DAVID
Address	C/O ALLIANCE MANAGEMENT 3806 EXCHANGE AVENUE
City-State-Zip:	NAPLES FL 34104
Title	SECRETARY
Name	MURRAY-MOBERG, MARGARET
Address	C/O ALLIANCE MANAGEMENT 3806 EXCHANGE AVENUE
City-State-Zip:	NAPLES FL 34104
Title	DIRECTOR
Name	FREEMAN, PAMELA
Address	3363 BOCA CIEGA DRIVE
City-State-Zip:	NAPLES FL 34112

Title	VP
Name	SALYER, CHARLES
Address	C/O ALLIANCE MANAGEMENT 3806 EXCHANGE AVENUE
City-State-Zip:	NAPLES FL 34104
Title	DIRECTOR
Name	SILVIA, PAUL
Address	35 BRUSHWOOD DRIVE
City-State-Zip:	SOMERSET MA 02726
Title	TREASURER
Name	PATTERSON, PATRICK
Address	2005 S ANDERSON STREET
City-State-Zip:	URBANA IL 61801

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: DAVID BODEM

PRESIDENT

03/27/2021

Electronic Signature of Signing Officer/Director Detail

Date