

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004602

Entity Name: LAKEWOOD TERRACE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**1190 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119**Current Mailing Address:**1190 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119**FEI Number:** 20-2813968**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BARKIN, MICHELE `
1190 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DP
Name	HESS, DAVE
Address	416 PHILLIPS CREEK LANE
City-State-Zip:	NEW SMYRNA BEACH FL 32168

Title	DS/T
Name	LEWIS, TERRI
Address	522 NATURE CREEK LANE
City-State-Zip:	NEW SMYRNA BEACH FL 32168

Title	D
Name	FRUTCHEY, ROSEMARIE
Address	408 PHILLIPS CREEK LANE
City-State-Zip:	NEW SMYRNA BEACH FL 32168

Title	D
Name	VAN DEVELDE, SHEILA
Address	523 NATURE CREEK LANE
City-State-Zip:	NEW SMYRNA BEACH FL 32168

Title	DVP
Name	WETHERILL, JOHN
Address	2503 CONSERVATION CT
City-State-Zip:	NEW SMYRNA BEACH FL 32168

Title	D ASST S/T
Name	FRIEDMAN, MICHAEL
Address	525 NATURE CREEK LANE
City-State-Zip:	NEW SMYRNA BEACH FL 32168

Title	D
Name	KEATON, SEAN
Address	407 PHILLIPS CREEK LANE
City-State-Zip:	NEW SMYRNA BEACH FL 32168

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: DAVE HESS**PRESIDENT****01/19/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date