

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N28322

**Entity Name:** LAKEWOOD TOWNHOME OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

17 SHANNON DR. UNIT 1  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

17 SHANNON DR. UNIT 1  
SANTA ROSA BEACH, FL 32459 US

**FEI Number:** 59-2958997

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SCICILUNA, RINO JR  
17 SHANNON DR. #1  
SANTA ROSA BEACH, FL 32459 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 VP  
Name DAVID, CELESTE  
Address 17 SHANNON DR. UNIT 1  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title PRESIDENT  
Name FILLINGIM, LIBBY  
Address 55 SHANNON DR.  
UNIT 11  
City-State-Zip: SANTA ROSA BEACH FL 35249

Title TD  
Name SCICILUNA, RINO  
Address 17 SHANNON DR. UNIT 1  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title SD  
Name ROSEMARY, STEINBECK  
Address 17 SHANNON DR. UNIT 1  
City-State-Zip: SANTA ROSA BEACH FL 32459

*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: CELESTE DAVID**

**VICE PRESIDENT**

**03/26/2016**

Electronic Signature of Signing Officer/Director Detail

Date