I hereby certify that the information indicated on this report or supplemental report is true and accu.	rate 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 exec	cute this report as required by Chapter 617, Florida Statute	es; and that my name appears
above, or on an attachment with all other like empowered.		
SIGNATURE: STEVEN CROUNSE	PRESIDENT	06/02/2020

PRESIDENT

SIGNATURE: STEVEN CROUNSE

Electronic Signature of Signing Officer/Director Detail

FEI Number: 59-3334961

Name and Address of Current Registered Agent: PROPERTY MANAGEMENT SYSTEMS INC

463499 STATE ROAD 200 YULEE, FL 32097 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

Officer/Director Detail

Title	PD	Title	D
Name	CROUNSE, STEVEN	Name	SHERO, DALE
Address	P O BOX 1987	Address	P O BOX 1987
City-State-Zip:	YULEE FL 32041	City-State-Zip:	YULEE FL 32041

c Signature of Registered Agent	
1:	

FILED Jun 02, 2020 Secretary of State 4723987024CC

Date

Certificate of Status Desired: No

DOCUMENT# N9400003587

Entity Name: LAKEWOOD OF AMELIA HOMEOWNERS ASSOCIATION, INC.

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

463499 STATE ROAD 200 YULEE, FL 32097

Current Mailing Address:

P O BOX 1987 YULEE, FL 32041 US

Date