FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT** # 1. Corporation Name

(3)

Mailing Address

LAKEWOOD ACRES, INC.

Principal Place of Business

FILED Feb 23 1998 8:00am Secretary of State



6909 BEACH BLVD. LEISURE BEACH HUDSON FL 34867			6909 BEACH BLVD, LEISURE BEACH HUDSON FL 34667						DO NOT WRITE IN	N THIS S	PACE	Ξ	
									 Date Incorporated or Qualified 10/25/1967 				
2. Principal f	Place of Busin	ness	2a	2a. Mailing Address					4. FEI Number		Ţ	A	oplied For
21				26					59-1226821		Ī	N	ot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.							\$8	.75	Additional
22				27					6. Certificate of status Desired		F	ee R	equired
City & State				City & State					6. Election Campaign Financing		\$5	5.00	May Be
23				28					Trust Fund Contribution				to Fees
Zip	Country			Zip Country			гу		8. This corporation owes or has paid the current year Intangible				
24	25			29 30					Personal Property Tax due June 30. Yes] No
9. Name and Address of Current Registered Agent							21.	10. Name and Address of New Registered A					
DEAN,B E 8031 ISLAND DRIVE						81	'	Name					
		82 Street Ac			Street Addr	ess (P.O. Box Number is Not Acceptable)	1						
PORT RICHEY FL 34668							1						
						B3	3						
						84	+	City			85	Zin i	Code
								•		FL	1 1	•	
11. Pursuant	to the provisi	ons of Sections 607,050;	2 and 6	07.1508, Florida	a Statutes,	the abov	ve-	named corp	oration submits this statement for the purpion's board of directors. I hereby accept the	ose of c	hang	ging it	s registered
agent. I a	am la miliar wit	h, and accept the obliga	alions of	f, Section 607.0	505, Floric	da Statute	98.	the corporati	ion's board or directors. I hereby accept to	ne appo	intme	int as	registered
SIGNATURE													
	Signature, typed	or printed name of registered agei			(NOTE: R	egistered Ag	jent	it signature require		DATE			
12.		OFFICERS AND	D DIREC			13.			ADDITIONS/CHANGES TO OFFICER				S IN 12
TITLE	PD			DELETE 1.1 T							Ch	ange	Addition
NAME	DEAN,B E				1.2 NAM								
STREET ADDRESS 817 ISLAND DRIVE				1.3 STI			T A	ADDRESS					
CITY-ST-ZIP	PORT RICHEY FL			1.4 (ST-	- ZIP					
TITLE	TD			DELETE 2.1			2.1 TITLE			I	Ch	ange	Addition
NAME	PAXTON	n, paula d		2.2 N									
STREET ADDRESS				2.3 \$			T AI	ADDRESS					
CITY-ST-ZIP	HUDSON FL					2. 4 CiTY-	ŞT.	-ZIP					
TITLE	VD			DELETE 3.1							Cha	ange	☐ Addition
NAME	DINGUS	, FRANCES M				3.2 NAME						-	
STREET ADDRESS	EET ADDRESS 6909 BCH BLVD,LEISURE BC			3.3 S			3 STREET ADDRESS]
CITY-ST-ZIP	HUDSO	N FL				3.4. CITY-			-				j
TITLE	8			DELI	TE	4.1 TITLE	-	S			Cha	nae	Addition
NAME	PIPER, \	/irginia w				4. 2 NAME			MITH, JENNIFER M.	_		-	
STREET ADDRESS	ss 6909 BEACH BLVD				4.3 STR				909 NEACH BLVD				
CITY-ST-ZIP	HUDSO	HUDSON FL				4.4 CITY-5			UDSON. FL 34667				
TITLE	D			DELE	TÉ	5.1 TITLE	- 1 -		UV3VN, FL 3400/	Т	Cha	nge	Addition
NAME	PAXTON	I, JAMES N				5.2 NAME							, .3011011
STREET ADDRESS					5.3 STRE			DUBECC					
CITY-ST-ZIP	HUDSO					5.4 CITY - S							
TITLE				DELE	TE	6.1 TITLE	11-	ZIF			Cha	nne	Addition
NAME					··-					_	_ 018	. រកិ <u>ន</u>	
STREET ADDRESS					Ì	6.2 NAME	. , .	200000					
STREET ADDRESS						6.3 STREET	AD	JUMESS					Ì

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.