FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 MAR -3 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 706025 (4)

1. Corporation Name

LAKEWOOD COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
212 LAKE LINK ROAD P O BOX 2941 WINTER HAVEN FL 33883 US	125 LAKE OTIS ROAD P O BOX 2941 WINTER HAVEN FL 33883 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/12/1963
3a. Date of Last Report: 03/16/1994
4. FEI Number: 59-2336744 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
24 Zip / 25 Country	29 Zip / 30 Country

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PUTNAM, THOMAS B E
141 5TH STREET, NW SUITE 300
WINTER HAVEN FL 33881

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PUTNAM, THOMAS B J
STREET ADDRESS	125 LAKE OTIS ROAD
CITY-ST-ZIP	WINTER HAVEN, FL 00000
TITLE	TD
NAME	NEIDRINGHAUS, RICHARD A
STREET ADDRESS	140 LAKE OTIS ROAD
CITY-ST-ZIP	WINTER HAVEN, FL 00000
TITLE	SD
NAME	ADAMS, MEGAN
STREET ADDRESS	149 LAKE MARIAM
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	D
NAME	BROOKS, BEACH
STREET ADDRESS	189 LAKE OTIS ROAD
CITY-ST-ZIP	WINTER HAVEN, FL 00000
TITLE	D
NAME	MCCOLLOUGH, J O
STREET ADDRESS	153 LAKE OITS ROAD
CITY-ST-ZIP	WINTER HAVEN, FL 00000
TITLE	D
NAME	MARTIN, D T
STREET ADDRESS	104 LAKE OTIS ROAD
CITY-ST-ZIP	WINTER HAVEN, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PP	☒ Change ☐ Addition
1.2 NAME	William C. Watson	
1.3 STREET ADDRESS	180 Lake Otis Rd. S.E.	
1.4 CITY-ST-ZIP	Winter Haven, FL 33884	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ______ 02/17/95 (813)297-6802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

Richard Neidringhaus