FILE NOW: FILING FEE IS $61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State
03-01-1999 90114 006 ****61.25

0058934

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 706025

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 08/12/1963
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2336744 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	WATSON, WILLIAM C.		1.2 NAME	Adams, Ben R. JR.	
STREET ADDRESS	180 LAKE OTIS RD SE		1.3 STREET ADDRESS	149 Lake Miriam Rd	
CITY-ST-ZIP	WINTER HAVEN, FL 00000		1.4 CITY-ST-ZIP	Winter Haven, FL 33884	
TITLE	TD	☐ DELETE	2.1 TITLE	TD	☑ Change ☐ Addition
NAME	NELDRINGHAUS, LAURA M.		2.2 NAME	Neidringhaus, Richard W.	
STREET ADDRESS	140 LAKE OTIS ROAD		2.3 STREET ADDRESS	140 Lake Otis Rd.	
CITY-ST-ZIP	WINTER HAVEN, FL 00000		2.4 CITY-ST-ZIP	Winter Haven, FL 33884	
TITLE	SD	☐ DELETE	3.1 TITLE	SD	☑ Change ☐ Addition
NAME	SOZE, PRE. DEBPRAJ		3.2 NAME	Sizemore, Debra J.	
STREET ADDRESS	227 LAKE LINK RD		3.3 STREET ADDRESS	227 Lake Link Rd	
CITY-ST-ZIP	WINTER HAVEN FL 33884		3.4 CITY-ST-ZIP	Winter Haven FL 33884	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MCPHERSON, STEVE		4. 2 NAME		
STREET ADDRESS	91 LAKE OTIS ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BROOKS, BEACH		5.2 NAME		
STREET ADDRESS	100 LAKE OTIS ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 00000		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LINDSEY, SUZANNE		6.2 NAME		
STREET ADDRESS	116 LAKE OTIS ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 00000		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Richard W. Neidringhaus 941-297-6802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 02/01/99 — Daytime Phone #