2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State
04-22-2004 90035 038 ****61.25

DOCUMENT # 706025

1. Entity 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

04072004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
140 Lake Otis Rd	140 Lake Otis Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc. P.O. Box 2941
City & State: Winter Haven, FL	City & State: Winter Haven, FL
Zip: 33884 Country: U.S.	Zip: 33883-2941 Country: U.S.

4. FEI Number 59-2336744 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PUTNAM, THOMAS B E 141 5TH STREET, NW SUITE 300 WINTER HAVEN, FL 33881	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HEINTZ, RODNEY 148 LAKE OTIS RD WINTER HAVEN, FL 33884	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Steve Daniels 153 Lake Mariam Rd. Winter Haven, FL 33884	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD NEIDRINGHAUS, LAURA M 140 LAKE OTIS RD WINTER HAVEN, FL 33884	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Bill Myers 132 Lake Mariam Rd Winter Haven, FL 33884	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HORN, BOBBY 123 PARK LANE WINTER HAVEN, FL 33884	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Megan Adams 145 Lake MariamRd Winter Haven, FL 33884	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ADAMS, BEN R JR 145 LAKE MARIAM RD WINTER HAVEN, FL 33884	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELIAS, STEVE 136 LAKE OTIS RD WINTER HAVEN, FL 33884	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WATSON, WILLIAM 180 LAKE OTIS RD WINTER HAVEN, FL 33884	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD William Watson 180 Lake Otis Rd Winter Haven, FL 33884	☒ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Laura M. Neidringhaus Laura M. Neidringhaus 4/19/04 863-324-5524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #