# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 14, 2005 08:00 AM**
**Secretary of State**

DOCUMENT # 706025

1. Entity Name
LAKEWOOD COMMUNITY ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 140 LAKE OTIS RD.<br>WINTER HAVEN, FL 33884 US | 140 LAKE OTIS RD.<br>WINTER HAVEN, FL 33884 US |

01102005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

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

**DO NOT WRITE IN THIS SPACE**

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

**Filing Fee is $61.25**
**Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D |
| NAME | DANIELS, STEVE |
| STREET ADDRESS | 153 LAKE MARIAM RD. |
| CITY-ST-ZIP | WINTER HAVEN, FL 33884 |
| TITLE | TD |
| NAME | NEIDRINGHAUS, LAURA M |
| STREET ADDRESS | 140 LAKE OTIS RD |
| CITY-ST-ZIP | WINTER HAVEN, FL 33884 |
| TITLE | D |
| NAME | MYERS, BILL |
| STREET ADDRESS | 132 LAKE MARION RD. |
| CITY-ST-ZIP | WINTER HAVEN, FL 33884 |
| TITLE | D |
| NAME | ADAMS, MEGAN |
| STREET ADDRESS | 145 LAKE MARIAM RD. |
| CITY-ST-ZIP | WINTER HAVEN, FL 33884 |
| TITLE | D |
| NAME | ELIAS, STEVE |
| STREET ADDRESS | 136 LAKE OTIS RD |
| CITY-ST-ZIP | WINTER HAVEN, FL 33884 |
| TITLE | PD |
| NAME | WATSON, WILLIAM |
| STREET ADDRESS | 180 LAKE OTIS RD |
| CITY-ST-ZIP | WINTER HAVEN, FL 33884 |

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01/14/05-80049-018 61.25

**DO NOT WRITE IN THIS SPACE**

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 01/11/05 863-324-5524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #