## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT #706025** 

## **FILED** Jan 10, 2006 8:00 am Secretary of State 01-10-2006 90027 017 \*\*\*\*61.25

| 1. Entity Name LAKEWOOD COMMUNITY ASSOCIATION, INC.   |  |  |                             |   |  |  | <b>UUUUUUU</b>               |             |                           |
|---|--|--|-----------------------------|---|--|--|------------------------------|-------------|---------------------------|
| 140 LAKE OTIS RD.   |  |  |                             | Mailing Address<br>140 LAKE OTIS RD.<br>WINTER HAVEN, FL 33884 US |  |  |                              |             |                           |
| 2. Principal Place of Business 3. Mailing Address 7.0, Bo   |  |  |                             | × 294   | . 1  |  |                              |             |                           |
| Suite, Apt. #, etc.   |  |  | Suite, Apt. #, etc.         |   |  | 01052006   | Chg-NP CR2E03                | 7 (11/05)   |                           |
| City & State  |  |  | 100 (11.01                  | winter Haven Fl   |  |  | 44                           | <del></del> | plied For<br>t Applicable |
| Zip   |  | Country                                      | 33883 -29                   |   | untry  | 5. Certificate of                                | Status Desired               | 8.75 Addi   |                           |
| 6. Name and Address of Current Registered Agent   |  |  |                             |   | 7. Name and Address of New Registered Agent Name   |  |                              |             |                           |
| PUTNAM, THOMAS B E<br>141 5TH STREET, NW SUITE 300<br>WINTER HAVEN, FL 33881  |  |  |                             |   | Street Address (P.O. Box Number is Not Acceptable) |  |                              |             |                           |
|   |  |  |                             |   | City   |  | FL                           | Zip Code    | <del></del>               |
| 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 ager           | nt and title if applicable. | (NOTE: Registere  | ed Agent signature                                 | r required when reinstating)                     | DATE                         |             |                           |
| Filling Fee is \$61.25  Due by May 1, 2006  9. Election Campaig  Trust Fund Contril   |  |  |                             |   |  | \$5.00 May Be<br>Added to Fees                   | Make check<br>Florida Depart |             |                           |
| 10.   |  | OFFICERS AND D                               | IRECTORS                    | 11.   |  |  | GES TO OFFICERS AND DIF      | ECTORS IN   | 10                        |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | 1                                      | STEVE<br>MARIAM RD.<br>HAVEN, FL 33884       | <b>⊠</b> Dele               | NAM<br>Stri   | ME<br>EET ADDRESS                                  | D<br>Latimer Jef<br>251 Lake Lini<br>Winter Have | T<br>K Road<br>N.FL 33884    | ☐ Change    | Addition                  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | 140 LAKE                               | SHAUS, LAURA M<br>OTIS RD<br>HAVEN, FL 33884 | 🔀 Dele                      | NAN<br>STRI   | AE EET ADDRESS                                     | rd<br>Richard Newd<br>140 Lake Oti               | , '                          | ☐ Change    | Addition                  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | Į.                                     | BILL<br>MARION RD.<br>HAVEN, FL 33884        | ☐ Dete                      | NAM<br>STRI   | ME 1   | LATE OF  | •                            | Change      | Addition                  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | l                                      | MEGAN<br>MARIAM RD.<br>HAVEN, FL 33884       | □ Dele                      | nam<br>Stri   | E  |  |                              | Change      | Addition                  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | D<br>ELIAS, ST<br>136 LAKE<br>WINTER I |  | <b>⊠</b> Dele               | NAM<br>STR  |  |  |                              | Change      | Addition                  |
| TITLE   | PD                                     |  |                             |   |  |  |                              |             |                           |

indicated on this report or supplied with this three 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 drift uster 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 artarhment with all address, with all other like empowered.

**SIGNATURE**