

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728734

FILED
Feb 16, 2009
Secretary of State

Entity Name: LAKEWOOD COMMUNITY SERVICES ASSOCIATION, INC.

Current Principal Place of Business:

PLATINUM PROPERTY MANAGEMENT LLC
1016 COLLIER CENTER WAY, SUITE 102
NAPLES, FL 34110 US

New Principal Place of Business:

C/O ALLIANCE MANAGEMENT
4100 CORPORATE SQUARE #155
NAPLES, FL 34104 US

Current Mailing Address:

PLATINUM PROPERTY MANAGEMENT LLC
1016 COLLIER CENTER WAY, SUITE 102
NAPLES, FL 34110 US

New Mailing Address:

C/O ALLIANCE MANAGEMENT
4100 CORPORATE SQUARE #155
NAPLES, FL 34104 US

FEI Number: 59-1800311

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLATINUM PROPERTY MANAGEMENT LLC
1016 COLLIER CENTER WAY, STE. 102
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

KNOLL, RICHARD H
4100 CORPORATE SQUARE
SUITE #155
NAPLES, FL 34104 US

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.

SIGNATURE: RICHARD H. KNOLL

02/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BROOKEN, JEANNE
Address: 3635 BOCA CIEGA DR., #109
City-St-Zip: NAPLES, FL 34112

Title: P () Delete
Name: WITTENAUER, ALAN
Address: 4613 LONGKEY COURT
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: BENDLE, MICHAEL
Address: 3608 BOCA CIEGA DR
City-St-Zip: NAPLES, FL 34112

Title: V () Delete
Name: REILLY, ROBERT
Address: 4189 LAKEWOOD BLVD
City-St-Zip: NAPLES, FL 34112

Title: ST () Delete
Name: BAKER, RON
Address: 139 ROUND KEY CIRCLE
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BROOKER, JEANNE
Address: 3635 BOCA CIEGA DR., #109
City-St-Zip: NAPLES, FL 34112

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN WITTENAUER

P

02/16/2009

Electronic Signature of Signing Officer or Director

Date