2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2011
Secretary of State

DOCUMENT# 728734

Entity Name: LAKEWOOD COMMUNITY SERVICES ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1800311 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: T
Name: BROOKER, JEANNE
Address: 3635 BOCA CIEGA DRIVE #109
City-St-Zip: NAPLES, FL 34112

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

Title: VP
Name: SHARPLESS, SAM
Address: 4774 LAKEWOOD BLVD.
City-St-Zip: NAPLES, FL 34112

Title: S
Name: CORTWRIGHT, CHARLES
Address: 426 GLADES BLVD.
City-St-Zip: NAPLES, FL 34112

Title: D
Name: BECKER, WILLIAM
Address: 3645 BOCA CIEGA DRIVE #209
City-St-Zip: NAPLES, FL 34112

I hereby 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 all other like empowered.

SIGNATURE: ALAN WITTENAUER P 04/14/2011
Electronic Signature of Signing Officer or Director Date