

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728734

FILED  
Apr 16, 2012  
Secretary of State

**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:** VP  
**Name:** WILSON, CURTIS  
**Address:** 3355 BOCA CIEGA DRIVE  
**City-St-Zip:** NAPLES, FL 34112

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

**Title:** S  
**Name:** MOORE, CAROLE  
**Address:** 3645 BOCA CIEGA DRIVE #109  
**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:** SAM SHARPLESS

P

04/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date