FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 20 PM 5:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **729099** **(2)**

1. Corporation Name

LAKEWOOD SINGLE FAMILY HOMEOWNERS ASSOCIATION IN C.

Principal Place of Business	Mailing Address
265 SO. AIRPORT RD. NAPLES FL 33942	265 SO. AIRPORT RD. NAPLES FL 33942

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/18/1974**
3a. Date of Last Report: **04/21/1994**
4. FEI Number: **59-1778128** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

R&P MANAGEMENT ASSOCIATES
265 AIRPORT RD SO
NAPLES FL 33942

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	Director	☒ Change ☐ Addition
NAME	GOODHEART, HARRY	1.2 NAME		
STREET ADDRESS	521 WHITEWATER WAY	1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	President	☒ Change ☐ Addition
NAME	COE, MICHAEL	2.2 NAME		
STREET ADDRESS	4552 EAGLE KEY CIR	2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE	Jim Jones Secretary	☒ Change ☐ Addition
NAME	KENNEDY, KATIE	3.2 NAME	4380 Beechwood Drive	
STREET ADDRESS	525 WHITEWATER WAY	3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	Naples FL 33962	
TITLE	SD	4.1 TITLE	Vice President	☒ Change ☐ Addition
NAME	CAMPBELL, LEONARD	4.2 NAME		
STREET ADDRESS	404 MARATHON CT	4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	Treas	☒ Change ☐ Addition
NAME	OCHS, DEBRA	5.2 NAME		
STREET ADDRESS	400 MARATHON CT	5.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP		
TITLE	Director	6.1 TITLE	Director	☐ Change ☐ Addition
NAME	Derek Beebe	6.2 NAME	Jim Nonish	
STREET ADDRESS	4587 Eagle Key Circle	6.3 STREET ADDRESS	4456 Linwood Blvd	
CITY-ST-ZIP	Naples FL 33962	6.4 CITY-ST-ZIP	Naples FL 33962	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/24/95 813-643-3353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017010