FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **03/18/1974**

3a. Date of Last Report: **04/28/1995**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ 4/20/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	S	☒ Change ☐ Addition
NAME	GOODHEART, HARRY		1.2 NAME	Jim Morash	
STREET ADDRESS	521 WHITEWATER WAY		1.3 STREET ADDRESS	4956 Lakewood Blvd	
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	Naples FL 33962	
TITLE	P	☐ DELETE	2.1 TITLE		☐ 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	S	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	JONES, JIM		3.2 NAME		
STREET ADDRESS	4380 BEECHWOOD DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	4.1 TITLE		☐ 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	T	☐ DELETE	5.1 TITLE		☐ 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	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BEEBE, DEREK		6.2 NAME		
STREET ADDRESS	4587 EAGLE KEY CIRCLE		6.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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)(k), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #