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May 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 34104-3518

3. Date Incorporated or Qualified: 03/18/1974
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 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 _____ 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	S	☒ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	MARASH, JIM		1.2 NAME	Carol Fries	
STREET ADDRESS	4956 LAKWOOD BLVD		1.3 STREET ADDRESS	4580 Eagle Key Circle	
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	Naples FL 34112	
TITLE	P	☒ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	COE, MICHAEL		2.2 NAME	Thomas Golaski	
STREET ADDRESS	4552 EAGLE KEY CIR		2.3 STREET ADDRESS	408 Marathon Court	
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP	Naples FL 34112	
TITLE	D	☒ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	JONES, JIM		3.2 NAME	Richard LeFebvre	
STREET ADDRESS	4380 BEECHWOOD DR		3.3 STREET ADDRESS	4412 Beachwood Lake Drive	
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP	Naples FL 34112	
TITLE	VP	☒ DELETE	4.1 TITLE	D/S	☒ Change ☐ Addition
NAME	CAMPBELL, LEONARD		4.2 NAME	Nancy Markham	
STREET ADDRESS	404 MARATHON CT		4.3 STREET ADDRESS	4580 Eagle Key Circle	
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP	Naples FL 34112	
TITLE	T	☒ DELETE	5.1 TITLE	D/T	☒ Change ☐ Addition
NAME	OCHS, DEBRA		5.2 NAME	James L Henderson	
STREET ADDRESS	400 MARATHON CT		5.3 STREET ADDRESS	4557 Eagle Key Circle	
CITY-ST-ZIP	NAPLES FL		5.4 CITY-ST-ZIP	Naples FL 34112	
TITLE	D	☒ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	BEEBE, DEREK		6.2 NAME	Harry Goodheart	
STREET ADDRESS	4587 EAGLE KEY CIRCLE		6.3 STREET ADDRESS	521 White water Way	
CITY-ST-ZIP	NAPLES FL		6.4 CITY-ST-ZIP	Naples FL 34112	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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.