05-06-1999 90201 035 ****61.25

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

> Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 729099

LAKEWOOD SINGLE FAMILY HOMEOWNERS ASSOCIATION IN

Principal Place of Business

Mailing Address

265 SO. AIRPORT RD. NAPLES FL 30342

265 SO. AIRPORT RD. NAPLES FL 38842



	_)				
2. Principal P	lace of Business	A Mailing Address	actu M	8. Date Incorporated or Qualifed 03/18/1974			
Stille Kot	#petc/) / / A	Suite Apt.#. prc.	1	4. FEI Number	Арр	lied For	
2241481	4 COIDSIATE 29 27	14148H COI	PUYATE	59-1778128	Not	Applicable	
City & State	LAIR 28	CINA State	FL	5. Certifcate of Status Desired	\$8.75 Ac Fee Req		
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 N	/lay Be	
24 34/	64 25 /15H 29	34/04 30	USH	Trust Fund Contribution	Added to	Fees	
	9. Name and Address of Current Regi	stered Agent	- nd N	10. Name and Address of New Registered			
R&P-MANAGEMENT ASSOCIATES 265 AIRPORT RD 30 NAPLES FL 33942-				81 Name NEWS PIOPERTY MARSEMANI Cony 82 Street Address (P.O. Box Number is Not Acceptable) 41 418 A. Conformate Square 83 84 City Nap 195 FL 85 Zip Code 34104			
		1		<i>NAD (25</i> FL	. °° 347	04	
11. Pursuant to the provisions of Sections 67.0507 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 Elorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am tantillar with and accept the objections. Sction 617.0503, Florida Statutes. SIGNATURE Storida Transport of period or period of the state of the							
12.	OF MCERS AND DIR		13.	ADDITIONS/CHANGES TO OFFICERS AN			
πιε		☐ DELETE	1.1 TITLE	TO CAROL FRIES	Change	☐ Addition	
NAME	FRIES, CAROL		1.2 NAME	4580 Engle Kay Cinels			
STREET ADDRESS			1.3 STREET ADDRESS	MAPIES F1 34112			
CITXX3T-ZIP,	NAPLES FL		1.4 CITY-ST-ZIP				
LE 4	DŢ	☐ DELETE	2.1 TITLE	D BONNA FINLA	⊕ Change	Addition	
S	FÍALA, DONNA		2.2 NAME	44 63 Linkewood Blud			
CADDRESS	44673 LAKEWOOD BLVD		2.3 STREET ADDRESS	NAP 144 F1 34112			
CITY-ST-ZIP	NAPLES FL		2. 4 CITY-ST-ZIP	PARIE HAND LE FEBURE	Change	☐ Addition	
TITLE	D	☐ DELETE	,	4412 Beechwood LAKENIE	<u>IM</u> Change	[] Addition	
NAME	LEFEBVRE, RICHARD		3.2 NAME				
STREET ADDRESS	4412 BEACHWOOD LAKE DR		3.3 STREET ADDRESS	NAME SI			
CITY-ST-ZIP	NAPLES FL	C per exe	3.4. CITY-ST-ZIP	1/01/	Change	Addition	
TATLE	DS_	☐ DELETE	4.1 TITLE	ND KAREN HEMINK	Grange	C3 VOUIDAL	
NAME	MARKHAM, NANCY		4. 2 NAME	4613 Long Key CT			
STREET ADDRESS	4580 EAGLE KEY CIRCLE		4.3 STREET ADDRESS	NA 0/02 F/ 24112			
CITY-ST-ZIP	NAPLES FL	□ DELETE	4.4 CITY-ST-ZIP	NAPIENFI 34112. DSAMES Sones	Change	Addition	
TITLE		□ nereie	5.1 TITLE 5.2 NAME	DUAMES JONES			
NAME			5.3 STREET ADDRESS	4380 139864 WOOD WE	-		
STREET ADDRESS			5.3 STREET ADDRESS	NAPleS F1 341112			
CITY-ST-ZIP		DELETE	5.4 CITY-51-2IP	A Maria Maria	[] Change	Addition	
TITLE	}		6.2 NAME	P Allan WITTENAUER	C1 change	<u>.</u> jj. 100.11011	
NAME			6.3 STREET ADDRESS	4613 hong hay et			
STREET ADDRESS				NAP125 F1 34/1/Z			
CITY-ST-ZIP			6.4 CITY-ST-ZIP	1 / 1 / 27 1 1 2 / 1 / 2 / 1 / 2 / 1			

14. I 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 of 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, with all other like empowered.

SIGNATURE: