2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729099

1. Entity Name

LAKEWOOD SINGLE FAMILY HOMEOWNERS ASSOCIATION IN

FILED
May 18, 2000 8:00 am
Secretary of State
05-18-2000 90293 030 ****61.25

Principal Place of Business	Mailing Address
NEWELL PROPERTY MGMT 4148A CORPORATE SQ NAPLES FL 34104 US	NEWELL PROPERTY MGMT 4148A CORPORATE SQ NAPLES FL 34104-4753 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1778128 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NEWELL PROPERTY MGMT CORP 4148 A CORPORATE SQ NAPLES FL 34104	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VD~~ ~~FRIES, CAROL~~ ~~4580 EAGLE KEY CIRCLE~~ ~~NAPLES FL 34112~~	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Mosca-Marsh, Patricia 4564 Lakewood Blvd Naples FL 34112	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~FINCH, DONNA~~ ~~4483 LAKEWOOD BLVD~~ ~~NAPLES FL 34112~~	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Wittenauer, Alan 4613 Long Key Ct Naples FL 34112	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ ~~LEPEBURE, RICHARD~~ ~~4412 BEACHWOOD LAKE DR~~ ~~NAPLES FL 34112~~	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Gadona, Paul 4499 Lakewood Blvd Naples FL 34112	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DS~~ ~~MARKHAM, NANCY~~ ~~4580 EAGLE KEY CIRCLE~~ ~~NAPLES FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Marsh, Bob 4564 Lakewood Blvd Naples FL 34112	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HOMIAK, KAREN 4613 LONG KEY CT NAPLES FL 34112	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Homiak, Karen 4613 Long Key Ct Naples FL 34112	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~JONES, JAMES~~ ~~4380 BEECHWOOD DR~~ ~~NAPLES FL 34112~~	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Sullivan, Jacquelyn 4576 Lakewood Blvd Naples FL 34112	☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Karen Homiak KAREN Homiak 4/1/00 643 4884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #