

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90155 027 ****70.00

DOCUMENT # 729099

1. Entity Name

LAKEWOOD SINGLE FAMILY HOMEOWNERS ASSOCIATION IN C.

Principal Place of Business

Mailing Address

C/O NEWELL PROPERTY MANAGEMENT
 4148A CORPORATE SQUARE
 NAPLES FL 34104
 US

C/O NEWELL PROPERTY MANAGEMENT
 4148A CORPORATE SQUARE
 NAPLES FL 34104
 US

2. Principal Place of Business

3. Mailing Address

Callier Association Management

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12636 Tamiami Trail E.

Same

City & State

City & State

Naples, FL

Same

Zip

Country

Zip

Country

34113

USA

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, WILLIAM A
 4148 A CORPORATE SQ
 NAPLES FL 34104

Name

Keith Tompkins

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

12636 Tamiami Trail East

City

Naples

FL

Zip Code

34113

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]

Ken Powell

4/19/2002

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: VD
 NAME: MOSCA-MARSH, PATRICIA
 STREET ADDRESS: 4564 LAKEWOOD BLVD
 CITY-ST-ZIP: NAPLES FL 34112 ☐ Delete

TITLE: ☐ Change ☒ Addition
 NAME: Richard Lefebvre
 STREET ADDRESS: 4401 Beechwood Lake Drive
 CITY-ST-ZIP: Naples, FL 34112 D

TITLE: SD
 NAME: WITTENAUER, ALAN
 STREET ADDRESS: 4613 LONG KEY CT
 CITY-ST-ZIP: NAPLES FL 34112 ☐ Delete

TITLE: ☐ Change ☒ Addition
 NAME: David Burnett
 STREET ADDRESS: 4515 Lakewood Blvd.
 CITY-ST-ZIP: Naples, FL 34112 T-D

TITLE: D
 NAME: MARSH, BOB
 STREET ADDRESS: 4564 LAKEWOOD BLVD
 CITY-ST-ZIP: NAPLES FL 34112 ☒ Delete

TITLE: ☐ Change ☐ Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE: PD
 NAME: HOMIAK, KAREN
 STREET ADDRESS: 4613 LONG KEY CT
 CITY-ST-ZIP: NAPLES FL 34112 ☒ Delete

TITLE: ☐ Change ☐ Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE: D
 NAME: SULLIVAN, JACQUELYN
 STREET ADDRESS: 4561 LAKEWOOD BLVD
 CITY-ST-ZIP: NAPLES FL 34112 ☐ Delete

TITLE: ☐ Change ☐ Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
☐ Delete

TITLE: ☐ Change ☐ Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
☐ Change ☐ Addition

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2502 (239)
 4793-1643
 Date Daytime Phone #

CR2E037 (9/01)