

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90773 049 ****70.00

DOCUMENT # 729099					
1. Entity Name LAKEWOOD SINGLE FAMILY HOMEOWNERS ASSOCIATION INC.					
Principal Place of Business COLLIER ASSOCIATION MANAGEMENT 2340 STANDFORD CT. NAPLES, FL 34112 US			Mailing Address COLLIER ASSOCIATION MANAGEMENT 2340 STANDFORD CT. NAPLES, FL 34112 US		
2. Principal Place of Business 12709 TAMiami TRAIL EAST Suite, Apt. #, etc.		3. Mailing Address 12709 TAMiami TRAIL EAST Suite, Apt. #, etc.			
City & State NAPLES FLORIDA		City & State NAPLES FLORIDA		4. FEI Number 59-1778128	
Zip 34113		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				02102004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent TOMPKINS, KEITH 2340 STANDFORD CT. 12709 TAMiami TRAIL EAST NAPLES, FL 34112 34113			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 12709 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE		Keith Tompkins		4/27/2004	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee Is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE VD	NAME COE, ROBERTA		☒ Delete	TITLE VPD	☐ Change ☒ Addition
STREET ADDRESS 4601 EVERGREEN LAKE DRIVE	CITY-ST-ZIP NAPLES, FL 34112			NAME CARL WALTMAN	STREET ADDRESS 4393 Beechwood Lake Drive
CITY-ST-ZIP NAPLES, FL 34112				CITY-ST-ZIP Naples, FL 34112	
TITLE D	NAME WITTENAUER, ALAN		☐ Delete	TITLE PD	☒ Change ☐ Addition
STREET ADDRESS 4613 LONG KEY CT	CITY-ST-ZIP NAPLES, FL 34112			STREET ADDRESS 	CITY-ST-ZIP
TITLE PD	NAME LEFEBURE, RICHARD		☐ Delete	TITLE D	☒ Change ☐ Addition
STREET ADDRESS 4401 BEECHWOOD LAKE DRIVE	CITY-ST-ZIP NAPLES, FL 34112			STREET ADDRESS 	CITY-ST-ZIP
TITLE D	NAME BURNETT, DAVID		☐ Delete	TITLE 	☐ Change ☐ Addition
STREET ADDRESS 4515 LAKEWOOD BLVD.	CITY-ST-ZIP NAPLES, FL 34112			STREET ADDRESS 	CITY-ST-ZIP
TITLE SD	NAME AYDELOTT, DONNA		☐ Delete	TITLE 	☐ Change ☐ Addition
STREET ADDRESS 4601 EVERGREEN LAKE DRIVE	CITY-ST-ZIP NAPLES, FL 34112			STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 		☐ Delete	TITLE TD	☐ Change ☒ Addition
STREET ADDRESS 	CITY-ST-ZIP 			NAME Barbara Blake	STREET ADDRESS 4356 Beechwood Lake Drive
CITY-ST-ZIP 				CITY-ST-ZIP Naples, FL 34112	
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:		Alan Wittenauer		4/28/2004 239-793-1643	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					