

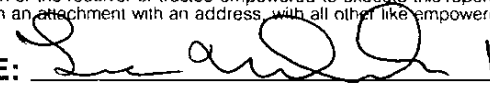
2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90258 038 ****61.25

DOCUMENT # 729099 1. Entity Name LAKEWOOD SINGLE FAMILY HOMEOWNERS ASSOCIATION I, INC.					
Principal Place of Business 12709 TAMIAMI TRL. E NAPLES FL 34113 US			Mailing Address 12709 TAMIAMI TRL. E NAPLES FL 34113 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1778128	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TOMPKINS, KEITH 12709 TAMIAMI TRL. E NAPLES FL 34113				7. Name and Address of New Registered Agent Name Collier Association Management Street Address (P.O. Box Number is Not Acceptable) 12709 Tamiami Trail East NAPLES, FL. 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. Li# 22464 FL.					
SIGNATURE Lee Wheeler C.A.M.  4/24/06 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	TD BLAKE, GEORGE 4356 BEECHWOOD LAKE DRIVE NAPLES FL 34112	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer BLAKE, Barbara 4356 Beechwood Lake Drive NAPLES, FL 34112	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALTMAN, CARL 4393 BEECHWOOD LAKE DRIVE NAPLES FL 34112	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director LeFebvre, Mary 4401 Beechwood Lake Dr. NAPLES, FL. 34112	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DALFONSE, RAYMOND 4397 BEECHWOOD LAKE DRIVE NAPLES FL 34112	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Cage, Alisha 4539 Lakewood Blvd. NAPLES, FL. 34112	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEFEBVRE, RICHARD 4401 BEECHWOOD LAKE DRIVE NAPLES FL 34112	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Billy, David 4539 Lakewood Blvd. NAPLES, FL. 34112	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOLING, ROBERT 4503 LAKEWOOD BLVD NAPLES FL 34112	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HOMIAK, KAREN 4613 LONG KEY COURT NAPLES FL 34112	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  **Lee Wheeler** **4/24/06** **239-793-1643**
 agent for B.O.D.