2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 729099

1. Entity Name

LAKEWOOD SINGLE FAMILY HOMEOWNERS ASSOCIATION I, INC.

FILED
07 AUG 27 PM 3:26
05/09/07 9011404012 6/25

Principal Place of Business	Mailing Address
12709 TAMIAMI TRL. E NAPLES FL 34113 US	12709 TAMIAMI TRL. E NAPLES FL 34113 US

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	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

~~COLLICE ASSOCIATION MGMT~~
~~12709 TAMIAMI TRAIL E~~ 12276 TAMIAMI TRL E #501
NAPLES FL 34113

7. Name and Address of New Registered Agent

Name: PLATINUM PROPERTY MGT.
St: 12276 TAMIAMI TRAIL E., SUITE 501
Ci: NAPLES, FL 34113
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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS $61.25 Due By May 1, 2007

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	T BLAKE, BARBARA 4356 BEACHWOOD LAKE DRIVE NAPLES FL 34112	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D Hawn, Michael 412 Marathon Ct. Naples, FL 34112	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEFEBRAE, MARY 4401 BEACHWOOD BLVD NAPLES FL 34112	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	SD Burnett, Diana 4575 Lakewood Blvd. 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	TD Dalfonse, Raymond 4397 Beechwood Lake Dr. Naples, FL 34112	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAGE, ALISHA 4535 LAKEWOOD BLVD NAPLES FL 34112	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	$8/29	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BILLY, DAVID 4539 LAKEWOOD BLVD NAPLES FL 34112	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VPD Billy, David 4539 Lakewood Blvd. Naples, FL 34112	☒ 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	PD Homiak, Karen 4613 Long Key Ct. Naples, FL 34112	☒ 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: Karen Homiak KAREN HOMIAK Paid 3/23/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #