

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90014 018 ****61.25

DOCUMENT # 729099	
1. Entity Name LAKEWOOD SINGLE FAMILY HOMEOWNERS ASSOCIATION I, INC.	

Principal Place of Business PLATINUM PROPERTY MANAGEMENT LLC 1016 COLLIER CENTER WAY, SUITE 102 NAPELS, FL 34110 US	Mailing Address PLATINUM PROPERTY MANAGEMENT LLC 1016 COLLIER CENTER WAY, SUITE 102 NAPELS, FL 34110 US
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40049333



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

02152008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1778128	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PLATINUM PROPERTY MANAGEMENT LLC 1016 COLLIER CENTER WAY, STE. #102 NAPLES, FL 34110		7. Name and Address of New Registered Agent	
		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
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, 2008**

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	D HAWN, MICHAEL 412 MARATHON CT NAPLES, FL 34112 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DALFONSE, RAYMOND 4397 BEECHWOOD LAKE DRIVE NAPLES, FL 34112 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition ALAN WITTENAUER 4613 LONG KEY COURT NAPLES FLORIDA 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAGE, ALISHA 4535 LAKEWOOD BLVD NAPLES, FL 34112 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BILLY, DAVID 4539 LAKEWOOD BLVD NAPLES, FL 34112 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOMIAK, KAREN 4613 LONG KEY COURT NAPLES, FL 34112 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition CARL WATMAN 4393 BEECHWOOD LAKE DR NAPLES, FLORIDA 34112

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Carl Watten
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/08 **239**
Date Daytime Phone # **774-5966**