2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2010
Secretary of State

DOCUMENT# 729099

Entity Name: LAKEWOOD SINGLE FAMILY HOMEOWNERS ASSOCIATION I, INC.

Current Principal Place of Business:

PLATINUM PROPERTY MANAGEMENT LLC
1016 COLLIER CENTER WAY, SUITE 102
NAPELS, FL 34110 US

New Principal Place of Business:

ALLIANCE MANAGEMENT, LLC
4100 CORPORATE SQUARE, SUITE 155
NAPELS, FL 34104 US

Current Mailing Address:

PLATINUM PROPERTY MANAGEMENT LLC
1016 COLLIER CENTER WAY, SUITE 102
NAPELS, FL 34110 US

New Mailing Address:

ALLIANCE MANAGEMENT, LLC
4100 CORPORATE SQUARE, SUITE 155
NAPELS, FL 34104 US

FEI Number: 59-1778128 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PLATINUM PROPERTY MANAGEMENT LLC
1016 COLLIER CENTER WAY, STE. #102
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

ALLIANCE MANAGEMENT LLC
4100 CORPORATE SQUARE
SUITE 155
NAPLES, FL 34104 US

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: KRISTINA MOSER 04/16/2010
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: WALTMAN, CARL
Address: 4393 BEECHWOOD LAKE DR
City-St-Zip: NAPLES, FL 34112

Title: VP
Name: MORRIS, MICHAEL
Address: 4408 BEACHWOOD BLVD
City-St-Zip: NAPLES, FL 34112

Title: T
Name: WITTENAUER, ALAN
Address: 4613 LONG KEY CRT
City-St-Zip: NAPLES, FL 34112

Title: S
Name: AYDELOTT, DONNA
Address: 4605 EVERGREEN LAKE DRIVE
City-St-Zip: NAPLES, FL 34112

Title: D
Name: BLAKE, BARBARA
Address: 4356 LAKEWOOD BLVD
City-St-Zip: NAPLES, FL 34112

Title: D
Name: DALFONSE, RAYMOND
Address: 4397 LAKEWOOD BLVD
City-St-Zip: NAPLES, FL 34112

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ALAN WITTENAUER T 04/16/2010
Electronic Signature of Signing Officer or Director Date