2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2011
Secretary of State

DOCUMENT# 729099

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: DALFONSE, RAYMOND
Address: 4397 BEECHWOOD LAKE DRIVE
City-St-Zip: NAPLES, FL 34112

Title: VP
Name: BLAKE, BARBARA
Address: 4356 BEECHWOOD LAKE DRIVE
City-St-Zip: NAPLES, FL 34112

Title: T
Name: SPENCER, TIMOTHY
Address: 4344 BEECHWOOD LAKE DRIVE
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: BILLAK, THOMAS
Address: 4594 EAGLE KEY CIRCLE
City-St-Zip: NAPLES, FL 34112

Title: D
Name: ADAMS, STEVEN
Address: 4400 BEECHWOOD LAKE DRIVE
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: RAYMOND DALFONSE P 03/16/2011
Electronic Signature of Signing Officer or Director Date