

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90204 018 *****70.00

DOCUMENT # 729099

1. Entity Name

LAKEWOOD SINGLE FAMILY HOMEOWNERS ASSOCIATION IN C.



Principal Place of Business

**COLLIER ASSOCIATION MANAGEMENT
12636 TAMiami TRAIL EAST
NAPLES FL 34113
US**

Mailing Address

**COLLIER ASSOCIATION MANAGEMENT
12636 TAMiami TRAIL EAST
NAPLES FL 34113
US**

2. Principal Place of Business

2340 STANFORD COURT

3. Mailing Address

2340 STANFORD COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

NAPLES, FL

4. FEI Number **59-1778128**

Applied For

Not Applicable

Zip

34112

Country

USA

Zip

34112

Country

USA

5. Certificate of Status Desired ☒ **XX**

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TOMPKINS, KEITH
12636 TAMiami TRAIL EAST
NAPLES FL 34117**

7. Name and Address of New Registered Agent

Name **COLLIER ASSOCIATION MANAGEMENT**

Street Address (P.O. Box Number is Not Acceptable)

2340 STANFORD COURT

City **NAPLES**

FL

Zip Code **34112**

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

Property Manager

4/30/2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Keith Tompkins

FILE NOW: FEE IS \$61.25

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

TITLE **VD** ☒ Delete
NAME **MOSCA-MARSH, PATRICIA**
STREET ADDRESS **4584 LAKEWOOD BLVD**
CITY-ST-ZIP **NAPLES FL 34112**

TITLE **SD** ☐ Delete
NAME **WITTENAUER, ALAN**
STREET ADDRESS **4613 LONG KEY CT.**
CITY-ST-ZIP **NAPLES FL 34112**

TITLE **D** ☐ Delete
NAME **LEFEBURE, RICHARD**
STREET ADDRESS **4401 BEECHWOOD LAKE DRIVE**
CITY-ST-ZIP **NAPLES FL 34112**

TITLE **TD** ☐ Delete
NAME **BURNETT, DAVID**
STREET ADDRESS **4515 LAKEWOOD BLVD.**
CITY-ST-ZIP **NAPLES FL 34112**

TITLE **D** ☒ Delete
NAME **SULLIVAN, JACQUELYN**
STREET ADDRESS **4561 LAKEWOOD BLVD**
CITY-ST-ZIP **NAPLES FL 34112**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Change ☒ Addition
NAME **MICHAEL COE**
STREET ADDRESS **4552 EAGLE KEY CIRCLE**
CITY-ST-ZIP **NAPLES, FL 34112**

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Change ☒ Addition
NAME **ROBERTA DUNN**
STREET ADDRESS **4601 Evergreen Lake Drive**
CITY-ST-ZIP **NAPLES, FL 34112**

TITLE **SD** ☐ Change ☒ Addition
NAME **DONNA AYDELOTT**
STREET ADDRESS **4605 EVERGREEN LAKE DRIVE**
CITY-ST-ZIP **NAPLES, FL 34112**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED

President

4/30/2003

239-280-1400

CR2E037 (10/02)