2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006
Secretary of State

DOCUMENT# 729710

Entity Name: LAKEWOOD VILLAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2685 HORSESHOE DRIVE SOUTH
#215
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

27499 RIVERVIEW CENTER BLVD
#207
BONITA SPRINGS, FL 34134 US

New Mailing Address:

FEI Number: 59-1722202 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C/O INDEPENDENT MANAGEMENT LLC
27499 RIVERVIEW CENTER BLVD
SUITE #207
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

%INDEPENDENT MANAGEMENT LLC
27499 RIVERVIEW CENTER BLVD
SUITE #207
BONITA SPRINGS, FL 34134 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: GARY P PEARSON 01/27/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CHIPKA, STEWART
Address: 4070 LAKEWOOD BLVD
City-St-Zip: NAPLES, FL 34112

Title: TD ( ) Delete
Name: DURHAM, ROBERT
Address: 4226 LAKEWOOD BLVD
City-St-Zip: NAPLES, FL 34112

Title: DS ( ) Delete
Name: ALRVATER, GARRETT
Address: 3915 ESTERO BAY LN
City-St-Zip: NAPLES, FL 34112

Title: D ( ) Delete
Name: ORSBORN, CHARLES
Address: 3960 ESTERO BAY LN
City-St-Zip: NAPLES, FL 34112

Title: D ( ) Delete
Name: MACDONALD, GRACE
Address: 3830 ESTERO BAY LANE
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: DURHAM, ROBERT
Address: 4226 LAKEWOOD BLVD
City-St-Zip: NAPLES, FL 34112

Title: TD (X) Change ( ) Addition
Name: ALRVATER, GARRETT
Address: 3915 ESTERO BAY LN
City-St-Zip: NAPLES, FL 34112

Title: D (X) Change ( ) Addition
Name: SCHREIBER, GARY
Address: 3950 ESTERO BAY LN
City-St-Zip: NAPLES, FL 34112

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: STEWART CHIPKA P 01/27/2006
Electronic Signature of Signing Officer or Director Date