

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90028 024 \*\*\*\*61.25

<b>DOCUMENT # 729710</b>	
1. Entity Name <b>LAKEWOOD VILLAS HOMEOWNERS ASSOCIATION, INC.</b>	



Principal Place of Business <del>2685 HORSESHOE DRIVE SOUTH</del> <del>#215</del> <b>NAPLES, FL 34104 US</b>	Mailing Address <b>27499 RIVERVIEW CENTER BLVD</b> <b>#207</b> <b>BONITA SPRINGS, FL 34134 US</b>
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2. Principal Place of Business - No P.O. Box # <b>27499 RIVERVIEW CTR BLVD</b>	3. Mailing Address Suite, Apt. #, etc. <b>* 242</b>
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02062007 Chg-NP CR2E037 (12/06)

City & State <b>BONITA SPRINGS FL</b>	City & State
Zip <b>34134</b>	Country <b>US</b>

4. FEI Number <b>59-1722202</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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8. Name and Address of Current Registered Agent	
%INDEPENDENT MANAGEMENT LLC 27499 RIVERVIEW CENTER BLVD SUITE #207 BONITA SPRINGS, FL 34134	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
<b>* 242</b>	
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	DATE <b>2.7.07</b>

Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
P CHIPKA, STEWART 4070 LAKEWOOD BLVD NAPLES, FL 34112	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
SD DURHAM, ROBERT 4226 LAKEWOOD BLVD NAPLES, FL 34112	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TD ALRVATER, GARRETT 3915 ESTERO BAY LN NAPLES, FL 34112	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
D SCHREIBER, GARY 3950 ESTERO BAY LN NAPLES, FL 34112	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
SD MACDONALD, GRACE 3830 ESTERO BAY LANE NAPLES, FL 34112	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
MOLLY REED - PRES 3845 ESTERO BAY LN NAPLES FL 34112	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
LOUIS AGOSTON - TD 4230 LAKEWOOD BLVD NAPLES FL 34112	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TERESA SWEE - D 4240 LAKEWOOD BLVD NAPLES FL 34112	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
JUSTIN SWEE - VP 4240 LAKEWOOD BLVD NAPLES FL 34112	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:	DATE: <b>2/7/07</b>
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