


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90058 009 ****70.00

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| DOCUMENT # 739021 | | | |  | |
| 1. Entity Name LAKEWOOD VILLAS III HOMEOWNERS ASSOCIATION, INC. | | | | | |
| Principal Place of Business 3066 BOCA CIEGA NAPLES, FL 34112 US | | Mailing Address 37215 N GANSTER RD BCH PARK, IL 60087 US | | | |
| 2. Principal Place of Business - No P.O. Box # 3179 Boca Ciega Dr Suite, Apt. #, etc. | | 3. Mailing Address 3179 Boca Ciega Dr Suite, Apt. #, etc. | | | |
| City & State Naples, FL | | City & State Naples, FL | | 4. FEI Number 59-1800319 | |
| Zip 34112 | | Country U.S. | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SEGER, GLORIA LAKEWOOD VILLAS III HO ASSOC 3066 BOCA CIEGA NAPLES, FL 34112 | | 7. Name and Address of New Registered Agent Name Linda McGrath Street Address (P.O. Box Number is Not Acceptable) Lakewood Villas III HO Assoc 3179 Boca Ciega Dr 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: <i>Linda McGrath</i> LINDA McGRATH, TREASURER 3/16/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BETHLENFALVY, NICOLAS 3211 BOCA CIEGA DR NAPLES, FL 34112 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary Richard Goodwin 3111 Boca Ciega Dr. Naples, FL 34112 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FERRARIO, ROBERT 3163 BOGA CIEGA NAPLES, FL 34112 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer Linda McGrath 3179 Boca Ciega Dr Naples, FL 34112 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P JANSSEN, ROBERT 3167 BOCA CIEGA NAPLES, FL 34112 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Ernest Daqata 3107 Boca Ciega Dr Naples, FL 34112 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS GOODWIN, RICHARD 3111 BOCA CIEGA NAPLES, FL 34112 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T SEGER, GLORIA 3066 BOCA CIEGA NAPLES, FL 34112 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SEPULVEDA, MARGOTH 3070 BOCA CIEGA DRIVE NAPLES, FL 34112 <input type="checkbox"/> Delete | 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: <i>Linda McGrath</i> Linda McGrath, Treasurer 3/16/07 239-752-7893 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

