

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90051 013 ****70.00



DOCUMENT # 739021				1. Entity Name LAKEWOOD VILLAS III HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 3179 BOCA CIEGA DR. NAPLES, FL 34112 US		Mailing Address 3179 BOCA CIEGA DR. NAPLES, FL 34112 US					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		01052008 Chg-NP CR2E037 (12/06)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
4. FEI Number 59-1800319		Applied For Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
MCGRATH, LINDA LAKEWOOD VILLAS III HO ASSOC 3179 BOCA CIEGA DR. NAPLES, FL 34112			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			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 _____		(NOTE: Registered Agent signature required when reinstating)		DATE _____			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BETHLENFALVY, NICOLAS		NAME	Ernest Degata			
STREET ADDRESS	3211 BOCA CIEGA DR		STREET ADDRESS	3107 Boca Ciega Dr			
CITY-ST-ZIP	NAPLES, FL 34112		CITY-ST-ZIP	Naples, FL 34112			
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FERRARIO, ROBERT		NAME				
STREET ADDRESS	3163 BOGA CIEGA		STREET ADDRESS				
CITY-ST-ZIP	NAPLES, FL 34112		CITY-ST-ZIP				
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JANSSEN, ROBERT		NAME				
STREET ADDRESS	3167 BOCA CIEGA		STREET ADDRESS				
CITY-ST-ZIP	NAPLES, FL 34112		CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GOODWIN, RICHARD		NAME				
STREET ADDRESS	3111 BOCA CIEGA		STREET ADDRESS				
CITY-ST-ZIP	NAPLES, FL 34112		CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCGRATH, LINDA		NAME				
STREET ADDRESS	3179 BOCA CIEGE DR.		STREET ADDRESS				
CITY-ST-ZIP	NAPLES, FL 34112		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SEPULVEDA, MARGOTH		NAME				
STREET ADDRESS	3070 BOCA CIEGA DRIVE		STREET ADDRESS				
CITY-ST-ZIP	NAPLES, FL 34112		CITY-ST-ZIP				
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			Date: 1/11/08		Daytime Phone #: 239-732-7893		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #		