

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Feb 12, 2009  
Secretary of State

DOCUMENT# 739021

Entity Name: LAKEWOOD VILLAS III HOMEOWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

3179 BOCA CIEGA DR.  
NAPLES, FL 34112 US

## New Principal Place of Business:

C/O AMERICAN PROPERTY MANAGEMENT SVC., LLC  
4280 TAMIAMI TRAIL EAST #302  
NAPLES, FL 34112 US

## Current Mailing Address:

3179 BOCA CIEGA DR.  
NAPLES, FL 34112 US

## New Mailing Address:

C/O AMERICAN PROPERTY MANAGEMENT SVC., LLC  
4280 TAMIAMI TRAIL EAST #302  
NAPLES, FL 34112 US

FEI Number: 59-1800319

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCGRATH, LINDA  
LAKEWOOD VILLAS III HO ASSOC  
3179 BOCA CIEGA DR.  
NAPLES, FL 34112 US

## Name and Address of New Registered Agent:

AMERICAN PROPERTY MANAGEMENT SVC, LLC  
4280 TAMIAMI TRAIL EAST  
302  
NAPLES, FL 34112 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: ORLANDO MISERANDINO

02/12/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BETHLENFALVY, NICOLAS  
Address: 3211 BOCA CIEGA DR  
City-St-Zip: NAPLES, FL 34112

Title: D ( ) Delete  
Name: FERRARIO, ROBERT  
Address: 3163 BOGA CIEGA  
City-St-Zip: NAPLES, FL 34112

Title: P ( ) Delete  
Name: JANSSEN, ROBERT  
Address: 3167 BOCA CIEGA  
City-St-Zip: NAPLES, FL 34112

Title: S ( ) Delete  
Name: GOODWIN, RICHARD  
Address: 3111 BOCA CIEGA  
City-St-Zip: NAPLES, FL 34112

Title: T ( ) Delete  
Name: MCGRATH, LINDA  
Address: 3179 BOCA CIEGE DR.  
City-St-Zip: NAPLES, FL 34112

Title: D ( ) Delete  
Name: SEPULVEDA, MARGOTH  
Address: 3070 BOCA CIEGA DRIVE  
City-St-Zip: NAPLES, FL 34112

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: LINDA MCGRATH

T

02/12/2009

Electronic Signature of Signing Officer or Director

Date