

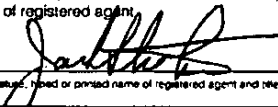
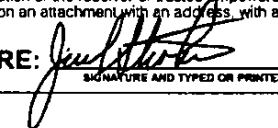
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**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

06 MAY 22 AM 10:24

SECRETARY OF STATE
4007401 LANHASSEE, FLORIDA

DOCUMENT # 741090			
1. Entity Name LAKEWOOD VILLAS V HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business P.O. BOX 110339 NAPLES, FL 34108		Mailing Address C/O INTERGRATED PROPERTY MGMT NAPLES, FL 34103	
2. Principal Place of Business 6700 Winkler Rd		3. Mailing Address same	
Suite, Apt. #, etc. #2		Suite, Apt. #, etc.	
City & State Ft. Myers, FL		City & State	
Zip 33919		Country US	
4. FEI Number 59-1987006		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAMOUCE, ROBERT C 5405 PARK CENTRAL CRT NAPLES, FL 34109		7. Name and Address of New Registered Agent Alliant Property Mgmt Street Address (P.O. Box Number is Not Acceptable) same as above 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  Jack Strohm DATE 4.26.06 Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 NAME STREET ADDRESS CITY-ST-ZIP	DP FULKERSON, MICHAEL A 3524 BOCA CIEGA DR NAPLES, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STRENSRUDE, KIRSTIN V 3540 BOCA CIEGA DR NAPLES, FL 34112 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENDLE, MICHAEL 3608 BOCA CIEGA DR NAPLES, FL 34112 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RIECKELMAN, CLAIRE 3656 BOCA CIEGA DR NAPLES, FL 34112 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CENEDELLA, JANEL 3644 BOCA CIEGA DR NAPLES, FL 34112 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  Jack Strohm DATE 4.26.06 839/454-1101 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			