

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90169 001 \*\*\*\*61.25

<b>DOCUMENT # 741090</b> 1. Entity Name <b>LAKEWOOD VILLAS V HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>6700 WINKLER RD #2 FT MYERS, FL 33919</b>		Mailing Address <b>6700 WINKLER RD #2 FT MYERS, FL 33919</b>	
Alliant Property Mgmt. <b>6719 Winkler Rd. Suite 200 Ft. Myers, FL 33919</b>		Alliant Property Mgmt. <b>6719 Winkler Rd. Suite 200 Ft. Myers, FL 33919</b>	
03222007 Chg-NP		CR2E037 (12/06)	
4. FEI Number <b>59-1987006</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>ALLIANT PROPERTY MGMT 6700 WINKLER RD #2 FT MYERS, FL 33919</b>		<b>Alliant Property Mgmt. 6719 Winkler Rd. Suite 200 Ft. Myers, FL 33919</b>	
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: <u>Millie Storton</u> <u>VP Agent</u> <u>3-26-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CENEDELLA, JANET 3644 BOCA CIEGA DR NAPLES, FL 34112 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Michael Bendle 3608 Boca Ciega Dr Naples, FL 34112 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS SANDMAN, STACEY 3660 BOCA CIEGA DR NAPLES, FL 34112 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Nancy Webster 3540 Boca Ciega Dr. Naples, FL 34112 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BENDLE, MICHAEL 3608 BOCA CIEGA DR NAPLES, FL 34112 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Louise Linville 3668 Boca Ciega Dr Naples, FL 34112 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD RIECKELMAN, CLAIRE 3656 BOCA CIEGA DR NAPLES, FL 34112 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Fred Rieckelman 3656 Boca Ciega Dr Naples, FL 34112 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV KIEL, JANE 3584 BOCA CIEGA DR NAPLES, FL 34112 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD William Hunter 3624 Boca Ciega Dr. Naples, FL 34112 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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.			
<b>SIGNATURE: Michael D. Bendle - Michael D. Bendle</b> <u>4-5-07</u> <u>(239) 793-6363</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			