

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90360 027 ****61.25

DOCUMENT # 741090					
1. Entity Name LAKEWOOD VILLAS V HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business ALLIANT PROPERTY MGMT 6719 WINKLER RD. SUITE 200 FT MYERS, FL 33919			Mailing Address ALLIANT PROPERTY MGMT 6719 WINKLER RD. SUITE 200 FT MYERS, FL 33919		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		02072008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-1987006				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ALLIANT PROPERTY MGMT 6719 WINKLER RD. SUITE 200 FT MYERS, FL 33919			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: <i>Michael Bendle</i> <i>agent</i> <i>4-22-08</i>					
Signature, typed or printed name of registered agent and title if applicable (If new, 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 NAME STREET ADDRESS CITY-ST-ZIP	DP BENDLE, MICHAEL 3608 BOCA CIEGA DR. NAPLES, FL 34112	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Michael Bendle
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEBSTER, NANCY 3540 BOCA CIEGA DR NAPLES, FL 34112	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD William Hurter 3624 Boca Ciega Dr Naples, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINVILLE, LOUISE 3568 BOCA CIEGA DR NAPLES, FL 34112	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Louise Linville
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RIECKELMAN, FRED 3656 BOCA CIEGA DR NAPLES, FL 34112	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Phyllis Schuster
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUNTER, WILLIAM 5624 BOCA CIEGA DR NAPLES, FL 34112	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3536 Boca Ciega Dr Naples, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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>Phyllis Schuster</i> <i>464-1101</i>					
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					