

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741090

FILED
Mar 28, 2011
Secretary of State

Entity Name: LAKEWOOD VILLAS V HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD, SUITE 200
FT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

C/O ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD, SUITE 200
FT MYERS, FL 33919

New Mailing Address:

FEI Number: 59-1987006

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD
SUITE 200
FT MYERS, FL 33919 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: HURTER, WILLIAM
Address: 3624 BOCA CIEGA DR.
City-St-Zip: NAPLES, FL 34112

Title: TD
Name: RIECKELMAN, FREDERICK
Address: 3656 BOCA CIEGA DRIVE
City-St-Zip: NAPLES, FL 34112

Title: VPD
Name: LINVILLE, LOUISE
Address: 3568 BOCA CIEGA DRIVE
City-St-Zip: NAPLES, FL 34112

Title: D
Name: CARDASCIA, CARRIE
Address: 3596 BOCA CIEGA DRIVE
City-St-Zip: NAPLES, FL 34112

Title: SD
Name: SCHUSTER, PHYLLIS
Address: 3536 BOCA CIEGA DRIVE
City-St-Zip: NAPLES, FL 34112

I hereby 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 all other like empowered.

SIGNATURE: FREDERICK RIECKELMAN

TD

03/28/2011

Electronic Signature of Signing Officer or Director

Date