

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 748740 (8)
1. Corporation Name
LAKEWOOD GARDEN COMMUNITY ASSOCIATION, INC.



Principal Place of Business 11822 N. ARMENIA AVENUE TAMPA FL 33612 US	Mailing Address 11822 N. ARMENIA AVENUE TAMPA FL 33612-5032 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 08/31/1979	3a. Date of Last Report 04/25/1996
		4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
		B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No			

9. Name and Address of Current Registered Agent O'SHEA, PATRICIA 116 W. WILDWOOD TAMPA FL 33612				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City FL 85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, BEVERLY	1.2 NAME	
STREET ADDRESS	1116 BRAMBLEWOOD DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MULLINS, NANCY	2.2 NAME	
STREET ADDRESS	11834 N. ARMENIA AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CARTER, ART	3.2 NAME	
STREET ADDRESS	11818 N. ARMENIA AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33612	3.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, PHILIP	4.2 NAME	
STREET ADDRESS	1116 BRAMBLEWOOD DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	4.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MRUGALA, THOMAS	5.2 NAME	
STREET ADDRESS	11822 N. ARMENIA AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thomas R. Mrugala* Thomas R. Mrugala 4/6/97 813-978-7330

CR2E037 (9/96)