

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 28, 2001 8:00 am**
Secretary of State

04-28-2001 90040 031 ****61.25

DOCUMENT # 748740

1. Entity 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
US****751854**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**O'SHEA, PATRICIA
116 W. WILDWOOD
TAMPA FL 33612**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☐ Delete
NAME	BROWN, BEVERLY	
STREET ADDRESS	1116 BRAMBLEWOOD DR.	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	☐ Delete
NAME	COLE, ALICE	
STREET ADDRESS	11832 N ARMENIA AVE	
CITY-ST-ZIP	TAMPA FL 33612	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	☐ Delete
NAME	CARTER, ART	
STREET ADDRESS	11816 N. ARMENIA AVE.	
CITY-ST-ZIP	TAMPA FL 33612	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	☐ Delete
NAME	BROWN, PHILIP	
STREET ADDRESS	1116 BRAMBLEWOOD DR.	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	☐ Delete
NAME	DICK, CONNIE	
STREET ADDRESS	11824 N ARMENIA	
CITY-ST-ZIP	TAMPA FL 33612	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)