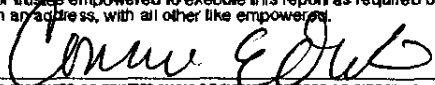


FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90115 022 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

80065378

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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number				☐ Applied For ☒ Not Applicable	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when changing) DATE					
FILE NOW - FEE IS \$51.25		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	PD	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	BROWN, BEVERLY			NAME	
STREET ADDRESS	1116 BRAMBLEWOOD DR.			STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR, FL 34696			CITY-ST-ZIP	
TITLE	D	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	COLE, ALICE			NAME	
STREET ADDRESS	11832 N ARMENIA AVE			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33612			CITY-ST-ZIP	
TITLE	VD	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	CARTER, ART			NAME	
STREET ADDRESS	11816 N. ARMENIA AVE.			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33612			CITY-ST-ZIP	
TITLE	S	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	BROWN, PHILIP			NAME	
STREET ADDRESS	1116 BRAMBLEWOOD DR.			STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR, FL 34696			CITY-ST-ZIP	
TITLE	T	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	DICK, CONNIE			NAME	
STREET ADDRESS	11824 N ARMENIA			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33612			CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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 empowerments.					
SIGNATURE: 				3/21/03 77-536-160	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	

CFR2037 (10/02)