

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750213

FILED  
Apr 15, 2008  
Secretary of State

**Entity Name:** LAKEWOOD VILLAS VI HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O R & P PROPERTY MANAGEMENT  
265 AIRPORT RD S  
NAPLES, FL 34104 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O R & P PROPERTY MANAGEMENT  
265 AIRPORT RD S  
NAPLES, FL 34104 US

**New Mailing Address:**

**FEI Number:** 59-2072282

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

R & P MANAGEMENT ASSOCIATION  
265 AIRPORT ROAD SOUTH  
NAPLES, FL 34104 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: D ( ) Delete  
Name: MARCHIORI, ACHILLE  
Address: 231 CHARITY COURT  
City-St-Zip: NAPLES, FL 34112

Title: SD ( ) Delete  
Name: MORBEE, DAWN  
Address: 4704 LAKEWOOD BLVD  
City-St-Zip: NAPLES, FL 34112

Title: PD ( ) Delete  
Name: CORTRIGHT, CHARLES  
Address: 426 GLADES BLVD #650  
City-St-Zip: NAPLES, FL 34112

Title: TD ( ) Delete  
Name: WHITAKER, WILMA  
Address: 302 REYNOLDS CT  
City-St-Zip: NAPLES, FL 34112

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHARLES CORTRIGHT

PD

04/15/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date