

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750213

FILED
Apr 14, 2009
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

04/14/2009

Electronic Signature of Signing Officer or Director

Date