## 2007 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**



**FILED** Apr 18, 2007 8:00 am Secretary of State

DOCUMENT # 750214  1. Entity Name LAKEWOOD VILLAS VII HOMEOWNERS ASSOCIATION, INC.					04-18-2007 90168 004 ****61.25			
187 FOREST	te of Business LAKES BLVD 34105 US		Mailing Address 187 FOREST LAKES BLVD NAPLES, FL 34105 US				iyi gitir Albir 21511 21611 Binn Az	<b>a</b> m <b>iði 81 (84</b> )
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04122007 Cr	ng-NP	CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-207228	3	<del></del>	pplied For lot Applicable	
Zip	Country	Zip	Country	<i>t</i>	5. Certificate of St.	atus Desired	□ \$8.75 Ad Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New	Registered Agent	
ROBERT, GRACEY			N	Name				
187 FOREST LAKES BLVD NAPLES, FL 34105			Si	Street Address (P.O. Box Number is Not Acceptable)				
			C	Dity			FL Zip Coo	de
	enamed entity submits this statement for tions of registered agent.	or the purpose of changing	ng its registered of	office or register	red agent, or both, in	the State of F	Florida. I am familiar with	, and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title it applicable.	(NOTE: Registered Age	ent signature required	ri when reinstation?		DATE	
			,		o who is to the later of		DA 16	
	Filling Fee is \$61.25 Due by May 1, 2007	9. Election	n Campaign Finan und Contribution.	ncing _	\$5.00 May Be Added to Fees		Make check payable prida Department of S	
10.	Filling Fee is \$61.25	9. Election Trust F	n Campaign Finan	ncing	\$5.00 May Be Added to Fees	Flo	Make check payable	State
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 PRINT OF NAME OF SIGNING OFFICER OR DIRECTOR