

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 750214**

1. Entity Name  
**LAKEWOOD VILLAS VII HOMEOWNERS ASSOCIATION,  
INC.**



Principal Place of Business  
**187 FOREST LAKES BLVD  
NAPLES, FL 34105 US**

Mailing Address  
**187 FOREST LAKES BLVD  
NAPLES, FL 34105 US**



04152008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2072283**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**ROBERT, GRACEY  
187 FOREST LAKES BLVD  
NAPLES, FL 34105**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000907779  
05/06/08-80001-024 61.25

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME WHITAKER, WILMA  
STREET ADDRESS 106 ROUND KEY CIRCLE  
CITY-ST-ZIP NAPLES, FL 34112

TITLE D  
NAME JOHNSON, CARL  
STREET ADDRESS 4711 LAKEWOOD BLVD  
CITY-ST-ZIP NAPLES, FL 34112

TITLE D  
NAME TERIHAY, TERRY  
STREET ADDRESS 182 OUND KEY CIR  
CITY-ST-ZIP NAPLES, FL 34112

TITLE DP  
NAME THOMPSON, HOUSTON  
STREET ADDRESS 4767 LAKEWOOD BLVD  
CITY-ST-ZIP NAPLES, FL 34112

TITLE DAST  
NAME GRACEY, ROBERT  
STREET ADDRESS 187 FOREST LAKES BLVD  
CITY-ST-ZIP NAPLES, FL 34105

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.17.08

239-649-5667