

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750214

FILED
Mar 30, 2009
Secretary of State

Entity Name: LAKEWOOD VILLAS VII HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

187 FOREST LAKES BLVD
NAPLES, FL 34105 US

New Principal Place of Business:

Current Mailing Address:

187 FOREST LAKES BLVD
NAPLES, FL 34105 US

New Mailing Address:

FEI Number: 59-2072283

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

GRACEY, ROBERT T SR.
187 FOREST LAKES BLVD
NAPLES, FL 34105 US

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: ROBERT T. GRACEY, SR.

03/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WHITAKER, WILMA
Address: 106 ROUND KEY CIRCLE
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: JOHNSON, CARL
Address: 4711 LAKEWOOD BLVD
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: TERIHAY, TERRY
Address: 182 OUND KEY CIR
City-St-Zip: NAPLES, FL 34112

Title: DP () Delete
Name: THOMPSON, HOUSTON
Address: 4767 LAKEWOOD BLVD
City-St-Zip: NAPLES, FL 34112

Title: DAST () Delete
Name: GRACEY, ROBERT
Address: 187 FOREST LAKES BLVD
City-St-Zip: NAPLES, FL 34105

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change () Addition
Name: WHITAKER, WILMA
Address: 106 ROUND KEY CIRCLE
City-St-Zip: NAPLES, FL 34112

Title: DVP (X) Change () Addition
Name: JOHNSON, CARL
Address: 4711 LAKEWOOD BLVD
City-St-Zip: NAPLES, FL 34112

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: DT () Change (X) Addition
Name: HERRON, MICHAEL
Address: 4731 LAKEWOOD BLVD.
City-St-Zip: NAPLES, FL 34105

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: ROBERT T. GRACEY, SR.

AST

03/30/2009

Electronic Signature of Signing Officer or Director

Date