

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750909

FILED
Mar 16, 2011
Secretary of State

Entity Name: LAKEWOOD CONDOMINIUM ASSOCIATION III, INC.

Current Principal Place of Business:

C/O ALLIANCE MANAGEMENT
4100 CORPORATE SQUARE #155
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

C/O ALLIANCE MANAGEMENT
4100 CORPORATE SQUARE #155
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: 59-2072286

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNOLL, RICHARD H
ALLIANCE MANAGEMENT
4100 CORPORATE SQUARE #155
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: P
Name: REED, ROBERT
Address: 3605 BOCA CIEGA DR UNIT 102
City-St-Zip: NAPLES, FL 34112

Title: D
Name: FISHER, NEVAN
Address: 3615 BOCA CIEGA DR UNIT 112
City-St-Zip: NAPLES, FL 34112

Title: T
Name: KAMLEITER, JUDY
Address: 3605 BOCA CIEGA DRIVE UNIT 106
City-St-Zip: NAPLES, FL 34112

Title: VP
Name: LAWSON, JOHN
Address: 3605 BOCA CIEGA DRIVE UNIT 203
City-St-Zip: NAPLES, FL 34112

Title: S
Name: DERMODY, ANN
Address: 3615 BOCA CIEGA DRIVE UNIT 302
City-St-Zip: NAPLES, FL 34112

I hereby 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 all other like empowered.

SIGNATURE: ROBERT REED

P

03/16/2011

Electronic Signature of Signing Officer or Director

Date