2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006
Secretary of State

DOCUMENT# 752675

Entity Name: LAKEWOOD ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-2017237 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR.
SENTRY MANAGEMENT INC.
2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 32779 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: VPD ( ) Delete
Name: BLOOM, REX
Address: 110 N TREMAIN ST #209
City-St-Zip: MOUNT DORA, FL 32757 US

Title: SD ( ) Delete
Name: NICHOLS, MARY L
Address: 110 N TREMAIN ST #214
City-St-Zip: MT DORA, FL 32757

Title: TD ( ) Delete
Name: BURGESS, RALPH
Address: 110 N TREMAIN ST #102
City-St-Zip: MOUNT DORA, FL 32757 US

Title: D ( ) Delete
Name: COLLIER, GREG
Address: 3613 CACTUS LN
City-St-Zip: MOUNT DORA, FL 32757

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BURGESS, RALPH
Address: PO BOX 715
City-St-Zip: MOUNT DORA, FL 32756 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change ( ) Addition
Name: COLLIER, GREG
Address: 3613 CACTUS LN
City-St-Zip: MOUNT DORA, FL 32757 US

Title: D (X) Change ( ) Addition
Name: HOOD, SHERRI
Address: PO BOX 1546
City-St-Zip: SANDPOINT, ID 83864

Title: D ( ) Change (X) Addition
Name: JOHNSON, ROGER
Address: 14702 JOHNSON PARK TRAIL
City-St-Zip: DEERWOOD, MN 56444

I hereby certify that the information supplied with this filing does not qualify for the 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: RALPH BURGESS PD 04/13/2006

Electronic Signature of Signing Officer or Director — Date