2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2008
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: SD ( ) Delete
Name: BURGESS, VIRGINIA
Address: 110 N TREMAIN ST #102
City-St-Zip: MOUNT DORA, FL 32757 US

Title: PD ( ) Delete
Name: NETTLE, GORDON T
Address: 110 N TREMAIN ST #206
City-St-Zip: MOUNT DORA, FL 32757

Title: VPD ( ) Delete
Name: BEEBE, MERRELL
Address: 110 N TREMAIN ST #109
City-St-Zip: MOUNT DORA, FL 32757 US

Title: D ( ) Delete
Name: MODER, BOB
Address: 1455 SKILES LN
City-St-Zip: ARDEN HILLS, MN 55112

Title: D ( ) Delete
Name: ROBERTSON, ROBERT
Address: 57 CREAMERY RD
City-St-Zip: ASHFIELD, MA 01330

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change ( ) Addition
Name: NETTLE, GORDON T
Address: 110 N TREMAIN ST #101
City-St-Zip: MOUNT DORA, FL 32757

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

Title: D (X) Change ( ) Addition
Name: MODER, BOB
Address: 110 N TREMAIN ST #104
City-St-Zip: MOUNT DORA, FL 32757

Title: TD (X) Change ( ) Addition
Name: JOHNSON, ROGER
Address: 110 N TREMAIN ST #208
City-St-Zip: MOUNT DORA, FL 32757

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: GORDON T NETTLE PD 03/11/2008

Electronic Signature of Signing Officer or Director — Date