

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752675

FILED  
Mar 18, 2009  
Secretary of State

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 (X) 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 #101  
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: 110 N TREMAIN ST #104  
City-St-Zip: MOUNT DORA, FL 32757

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: SD (X) Change ( ) Addition  
Name: HOOD, SHERI  
Address: 110 N TREMAIN ST #204  
City-St-Zip: MOUNT DORA, FL 32757

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

Title: D ( ) Change (X) Addition  
Name: ROBINSON, ROBERT  
Address: 110 N TREMAIN ST #113  
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 NETTLE

PD

03/18/2009

Electronic Signature of Signing Officer or Director

Date