



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 08:00 A
Secretary of State

DOCUMENT # 754216	
1. Entity Name LAKEWOOD VILLAS VIII HOMEOWNERS ASSOCIATION, INC	

Principal Place of Business 187 FOREST LAKES BLVD NAPLES, FL 34105 US	Mailing Address 187 FOREST LAKES BLVD NAPLES, FL 34105 US
---	---

DO NOT WRITE IN THIS SPACE



04122007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2072300	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAKER, RONALD 139 ROUND KEY CIRCLE NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PIENKOWSKI, CHARLES 4813 LAKEWOOD BLVD. NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MACMORRIS, ROSEMARY 4645 LAKEWOOD BLVD NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUNNINGHAM, JOSEPH 4817 LAKEWOOD BLVD NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LYNAGH, JOHN SR 119 ROUND KEY CIR NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000718304
05/01/07-80017-008

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer 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 in Block changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Ronald T Baker PD 4-16-07 239
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day