


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| DOCUMENT # 754216<br>1. Entity Name<br>LAKEWOOD VILLAS VIII HOMEOWNERS ASSOCIATION, INC |  |
|---|---|

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



04152008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>59-2072300                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> 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, 2008**

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

U00000907778  
05/06/08-80001-023 61.25

10. OFFICERS AND DIRECTORS

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

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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 the information 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert T. Gracey Date: 4-17-08 Daytime Phone #: 239-649-5667