

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754216

FILED  
Apr 18, 2011  
Secretary of State

**Entity Name:** LAKEWOOD VILLAS VIII HOMEOWNERS ASSOCIATION, INC

**Current Principal Place of Business:**

187 FOREST LAKES BLVD  
NAPLES, FL 34105 US

**New Principal Place of Business:**

**Current Mailing Address:**

187 FOREST LAKES BLVD  
NAPLES, FL 34105 US

**New Mailing Address:**

FEI Number: 59-2072300

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GRACEY, ROBERT T SR.  
187 FOREST LAKES BLVD  
NAPLES, FL 34105 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: PD  
Name: BAKER, RONALD  
Address: 139 ROUND KEY CIRCLE  
City-St-Zip: NAPLES, FL 34105

Title: VPD  
Name: PIENKOWSKI, CHARLES  
Address: 4813 LAKEWOOD BLVD.  
City-St-Zip: NAPLES, FL 34112

Title: DST  
Name: MACMORRIS, ROSEMARY  
Address: 4645 LAKEWOOD BLVD  
City-St-Zip: NAPLES, FL 34112

Title: D  
Name: ATCHELY, PATRICIA  
Address: 191 ROUND KEY CIRCLE  
City-St-Zip: NAPLES, FL 34112

Title: AST  
Name: GRACEY, ROBERT T SR.  
Address: 187 FOREST LAKES BLVD.  
City-St-Zip: NAPLES., FL 34105

I hereby 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 all other like empowered.

SIGNATURE: ROBERT T. GRACEY, SR.

AST

04/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date