

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90034 041 ****61.25

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01072005 Chg-NP CR2E037 (10/03)

DOCUMENT # 762636 1. Entity Name LAKEWOOD IMPROVEMENT ASSOCIATION, INC.					
Principal Place of Business 1901 N. OCEAN BLVD #S-12D FORT LAUDERDALE, FL 33305 US			Mailing Address 1901 N. OCEAN BLVD #S-12D FORT LAUDERDALE, FL 33305 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2300655	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
THOMAS, JEAN S MRS. 1901 N. OCEAN BLVD #S-12D FORT LAUDERDALE, FL 33305			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALLEN, WM L JR D		NAME		
STREET ADDRESS	202 S LAKEWOOD DRIVE		STREET ADDRESS		
CITY - ST - ZIP	STARKE, FL 32091		CITY - ST - ZIP		
TITLE	S <input checked="" type="checkbox"/> Delete		TITLE	S <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BATTEN, PATOY		NAME	Whitehead, Gail	
STREET ADDRESS	206 S LAKEWOOD DR		STREET ADDRESS	14412 Pelican Bay St.	
CITY - ST - ZIP	STARKE, FL 32091		CITY - ST - ZIP	Jacksonville, FL 32224	
TITLE	PO <input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	THOMAS, JR., A. J PD.		NAME	Whitehead, Robert M.	
STREET ADDRESS	1901 N. OCEAN BLVD, #S-12D		STREET ADDRESS	14412 Pelican Bay St.	
CITY - ST - ZIP	FORT LAUDERDALE, FL 33305		CITY - ST - ZIP	Jacksonville, FL 32224	
TITLE	VPD <input type="checkbox"/> Delete		TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNS, MARGARET D		NAME	Johns, Margaret D.	
STREET ADDRESS	207 S. LAKEWOOD DR.		STREET ADDRESS	207 S Lakewood Dr	
CITY - ST - ZIP	STARKE, FL 32091		CITY - ST - ZIP	Starke, FL 32091	
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RAWLSON, RUCOLLE D		NAME	Brown, Doug	
STREET ADDRESS	200 S LAKEWOOD DR		STREET ADDRESS	409 W. Lakeshore Dr.	
CITY - ST - ZIP	STARKE, FL 32091		CITY - ST - ZIP	Starke, FL 32091	
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMAS, JEAN S T		NAME		
STREET ADDRESS	1901 N. OCEAN BLVD, #S-12D		STREET ADDRESS		
CITY - ST - ZIP	FORT LAUDERDALE, FL 33305		CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>X Jean S. Thomas</u> <u>JEAN THOMAS</u> <u>4-5-05</u> <u>954-523-1300</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

762636

ADDITION

D

Batten, David

206 S Lakewood Dr.

Starke, Fl. 32091