


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90315 047 ****61.25

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
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2. Principal Place of Business 651 Village Drive Apt # 806	3. Mailing Address 651 Village Drive Apt # 806
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Suite, Apt. #, etc. Pompano Beach, FL	Suite, Apt. #, etc. Pompano Beach, FL
City & State Pompano Beach, FL	City & State Pompano Beach, FL
Zip 33060	Zip 33060
Country U.S.A.	Country U.S.A.



1st MOORE CR2E037 (10/05)

4. FEI Number 59-2300655	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent THOMAS, JEAN S MRS. 1901 N. OCEAN BLVD #S-12D FORT LAUDERDALE FL 33305	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 **JEAN S. THOMAS, Treasurer** *Jean S. Thomas* **4-21-06**
Signature, typed or printed name of registered agent and title if applicable (Not if Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	<input type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ALLEN, WM L JR		NAME David Batten, David	
STREET ADDRESS 202 S LAKEWOOD DRIVE		STREET ADDRESS 206 S Lakewood Dr	
CITY-ST-ZIP STARKE FL 32091		CITY-ST-ZIP Starke, FL 32091	
TITLE S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WHITEHEAD, GAIL		NAME	
STREET ADDRESS 14412 PELICAN BAY ST		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32224		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WHITEHEAD, ROBERT M		NAME	
STREET ADDRESS 14412 PELICAN BAY ST		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32224		CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOHNS, MARGARET D		NAME	
STREET ADDRESS 207 S. LAKEWOOD DR.		STREET ADDRESS	
CITY-ST-ZIP STARKE FL 32091		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BROWN, DOUG		NAME	
STREET ADDRESS 409 W LAKESHORE DR		STREET ADDRESS	
CITY-ST-ZIP STARKE FL 32091		CITY-ST-ZIP	
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 exemptions contained in Section 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: **JEAN S. Thomas Treasurer** *Jean S. Thomas* **4-21-06** **954-545-9559**