


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90229 011 ****61.25

DOCUMENT # 765936	
1. Entity Name LAKEWOOD VILLAGE MOBILE HOME COMMUNITY HOMEOWNER'S ASSOCIATION, INC.	

Principal Place of Business 109 BAUER DRIVE C/O GREGORY P. CENTERO MELBOURNE, FL 32901 US	Mailing Address 109 BAUER DRIVE C/O GREGORY P. CENTERO MELBOURNE, FL 32901 US
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2. Principal Place of Business - No P.O. Box # 187 BAUER DR	3. Mailing Address 187 BAUER DR
Suite, Apt. #, etc. 90 JEFF GREEN	Suite, Apt. #, etc. 90 JEFF GREEN
City & State MELBOURNE FL	City & State MELBOURNE, FL
Zip 32901	Country FLORIDA

04202007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2369168		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CENTEIO, GREGORY P 109 BAUER DRIVE MELBOURNE, FL 32901		7. Name and Address of New Registered Agent Name JEFF GREEN Street Address (P.O. Box Numbers Not Acceptable) 187 BAUER DR MELBOURNE City MELBOURNE FL Zip Code 32901

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  **JEFF GREEN** DATE **4/23/2007**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$61.25 Due by May 1, 2007	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 NAME STREET ADDRESS CITY-ST-ZIP	VP D WILLIAM, GOULD 3191 N HUNTINGTON AVE MELBOURNE, FL 32901 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN CARTER 354 DOLAND ST MELBOURNE, FL 32901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CENTEIO, GREGORY P 109 BAUER DRIVE MELBOURNE, FL 32901 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JEFF GREEN 187 BAUER DR MELBOURNE, FL 32901 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCNEILL, BERNADETTE 3213 SOUTH HUNTINGTON AVE MELBOURNE, FL 32901 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CATHERINE MOODY 186 SUNDEAN DR MELBOURNE, FL 32901 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WESSNER, ROMAINE 354 PECK ST. MELBOURNE, FL 32901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES BYRNE 3139 HANSON CT MELBOURNE, FL 32901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENOIT, PAUL 3179 WILEY AVE MELBOURNE, FL 32901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABBATE, ROBERT 3240 SOUTH HUNTINGTON MELBOURNE, FL 32901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMSTRONG, RICHARD A 122 VILLAGWOOD PL MELBOURNE, FL 32901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEORGE BRUNSICK 182 LAKESHORE DR MELBOURNE, FL 32901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:  **JEFF GREEN** DATE **4/23/2007** 321-953-8745

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR