2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 23, 2005 8:00 am **Secretary of State DOCUMENT # 769245** 1. Entity Name 02-23-2005 90074 043 ****61.25 LAKEWOOD VILLAS PROPERTY OWNER'S ASSOCIATION, Principal Place of Business Mailing Address % EARL SMYTH % EARL SMYTH 50018208 11160 46TH PLACE N. WEST PALM BEACH FL 33411 11160 46TH PLACE N. WEST PALM BEACH FL 33411 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/04) 1st MOORE Applied For City & State City & State 4. FEI Number 65-0121991 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMYTH, EARL Street Address (P.O. Box Number is Not Acceptable) 11160 46TH PLACE N. SUITE 600 WEST PALM BEACH FL 33411 Zip Code City 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) Signature, typed or printed name of registered agent and title if applicable FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 POST ☐ Addition TITLE ☐ Delete TITLE ☐ Change SMYTH, EARL NAME 11160 46TH PLACE NO. STREET ADDRESS STREET ADDRESS WEST PALM BCH FL CITY-ST-ZIP CITY-ST-ZIP Detete TITLE ☐ Change ☐ Addition SMYTH, PEGGY L NAME NAME 11160 46TH PL. N STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33411 CITY-ST-ZIP CITY-ST-7P Deteta TITLE ☐ Change ☐ Addition TITLE SMYTH, EARL ERROL CORRECTION NAME NAME 3396 TYRINGHAM DR. STREET ADDRESS STREET ADDRESS Naham DR. WEST PALM BEACH FL 33406 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 7/P

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 employered 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 attachroery with any address, with all of the same properties.

SIGNATURE

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.14.05

FILED

561-687-6666 Daytume Phone #