

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769245

FILED  
Apr 10, 2006  
Secretary of State

**Entity Name:** LAKEWOOD VILLAS PROPERTY OWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

% EARL SMYTH  
11160 46TH PLACE N.  
WEST PALM BEACH, FL 33411

**New Principal Place of Business:**

**Current Mailing Address:**

% EARL SMYTH  
11160 46TH PLACE N.  
WEST PALM BEACH, FL 33411

**New Mailing Address:**

**FEI Number:** 65-0121991

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMYTH, EARL  
11160 46TH PLACE N.  
SUITE 600  
WEST PALM BEACH, FL 33411 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: PDST ( ) Delete  
Name: SMYTH, EARL,  
Address: 11160 46TH PLACE NO.  
City-St-Zip: WEST PALM BCH, FL

Title: VD ( ) Delete  
Name: SMYTH, PEGGY L  
Address: 11160 46TH PL. N  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: VD ( ) Delete  
Name: SMYTH, ERROL  
Address: 3396 TYRINGHAM DR.  
City-St-Zip: WEST PALM BEACH, FL 33406

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: EARL SMYTH

PDST

04/10/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date