


2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90162 035 \*\*\*\*61.25

<b>DOCUMENT # N02000007858</b> 1. Entity Name <b>LAKEWOOD VILLAGE HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>POST OFFICE BOX 180762 TALLAHASSEE, FL 32318</b>			Mailing Address <b>POST OFFICE BOX 180762 TALLAHASSEE, FL 32318</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>EDDY, MARIE M</b> <b>1580-2 BANNERMAN ROAD</b> <b>TALLAHASSEE, FL 32312</b>				7. Name and Address of New Registered Agent Name <b>EDDY, MARIE</b> Street Address (P.O. Box Number is Not Acceptable) <b>7113 Beech Ridge Trail, Suite 1</b> City <b>TALLAHASSEE</b> FL <b>32312</b>	
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, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TINSLEY, LINDA</b> <b>5634 MOSSY TOP WAY</b> <b>TALLAHASSEE, FL 32303</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>THOMAS, GENA</b> <b>4420 WIDGEON WAY</b> <b>TALLAHASSEE, FL 32303</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LONGHURST, JAMES</b> <b>5726 DUNESBURY WAY</b> <b>TALLAHASSEE, FL 32303</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>OLIVER, LESTER</b> <b>4304 SNOOPY LN.</b> <b>TALLAHASSEE, FL 32303</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SEWELL, JOHNNIE</b> <b>4437 BOWFIN DR</b> <b>TALLAHASSEE, FL 32303</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HILL, EMMA</b> <b>5632 MOSSY TOP WAY</b> <b>TALLAHASSEE, FL 32303</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HALEY, WILLIAM</b> <b>5608 MOSSY TOP WAY</b> <b>TALLAHASSEE, FL 32303</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BEATTY, JOEL</b> <b>4445 WIDGEON WAY</b> <b>TALLAHASSEE, FL 32303</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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.					
<b>SIGNATURE: <i>Linda Tinsley</i></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>2/23/06 850-922.7154</b> <small>Date Daytime Phone #</small>		