

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90035 025 ****61.25

DOCUMENT # N02000007858					
1. Entity Name LAKEWOOD VILLAGE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business POST OFFICE BOX 180762 TALLAHASSEE, FL 32318			Mailing Address POST OFFICE BOX 180762 TALLAHASSEE, FL 32318		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 03-0487340	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
EDDY, MARIE M 7113 BEECHRIDGE TR SUITE 1 TALLAHASSEE, FL 32312			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME TINSLEY, LINDA STREET ADDRESS 5634 MOSSY TOP WAY CITY-ST-ZIP TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Delete		TITLE D NAME RUBIN, BRENDA STREET ADDRESS 4441 WIDGEON WAY CITY-ST-ZIP TALLA, FL 32303	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME OLIVER, LESTER STREET ADDRESS 4304 SNOOPY LN CITY-ST-ZIP TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete		TITLE D NAME HILL, EMMA STREET ADDRESS 5632 MOSSY TOP WAY CITY-ST-ZIP TALLAHASSEE, FL 32303	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME HALEY, WILLIAM STREET ADDRESS 5608 MOSSY TOP WAY CITY-ST-ZIP TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Delete		TITLE D NAME THOMAS, GENA STREET ADDRESS 4420 WIDGRON WAY CITY-ST-ZIP TALLAHASSEE, FL 32303	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME BEATTY, JOEL STREET ADDRESS 4445 WIDGEON WAY CITY-ST-ZIP TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete		TITLE D NAME THOMAS, GENA STREET ADDRESS 4420 WIDGRON WAY CITY-ST-ZIP TALLAHASSEE, FL 32303	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME THOMAS, GENA STREET ADDRESS 4420 WIDGRON WAY CITY-ST-ZIP TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete		TITLE D NAME THOMAS, GENA STREET ADDRESS 4420 WIDGRON WAY CITY-ST-ZIP TALLAHASSEE, FL 32303	<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.					
SIGNATURE: _____			Date: 2/14/07 Daytime Phone #: 850-894-1919		