

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90017 015 ****61.25

DOCUMENT # N02000009501
 1. Entity Name
THE PARK AT LAKEWOOD COMMUNITY ASSOCIATION, INC.



Principal Place of Business Mailing Address
 14851 PARK LAKE DR 14851 PARK LAKE DR
 FT MYERS FL 33919-2146 FT MYERS FL 33919-2146



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State
 4. FEI Number 57-1143697 Applied For Not Applicable

Zip Country Zip Country
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SHIELDS, CHRISTOPHER J
 1833 HENDRY ST
 FT MYERS FL 33901

7. Name and Address of New Registered Agent
 Name **DENNIS J. CATOE**
 Street Address (P.O. Box Number is Not Acceptable)
509 EDISON AVE
 City **FORT MYERS** FL Zip Code **33936**

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 *[Signature]* **DENNIS J. CATOE** **3/10/06**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | |
|---|--|
| TITLE PD NAME VAUGHN, ROBERT STREET ADDRESS 14801 PARK LAKE DR, # 202 CITY-ST-ZIP FORT MYERS FL 33919 | <input type="checkbox"/> Delete |
| TITLE VD NAME MAST, ROBERT STREET ADDRESS 14931 PARK LAKE DR, # 207 CITY-ST-ZIP FORT MYERS FL 33919 | <input checked="" type="checkbox"/> Delete |
| TITLE SD NAME JANIAK, JOANNE STREET ADDRESS 14801 PARK LAKE DRIVE, # 103 CITY-ST-ZIP FT MYERS FL 33919 | <input type="checkbox"/> Delete |
| TITLE TD NAME O'BRIAN, THOMAS STREET ADDRESS 14901 PARK LAKE DR, PH1 CITY-ST-ZIP FORT MYERS FL 33919 | <input type="checkbox"/> Delete |
| TITLE D NAME BOUCHER, RICHARD STREET ADDRESS 14831 PARK LAKE DR, # 112 CITY-ST-ZIP FORT MYERS FL 33919 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE VD NAME BOBSON, ROBERT STREET ADDRESS 14931 PARK LAKE DR # 210 CITY-ST-ZIP FORT MYERS, FL 33919 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *[Signature]* **3/2/06** **4894828**