

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90042 014 ****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 - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

1st MOORE CR2E037 (10/07)

4. FEI Number 57-1143697 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CATOE, DENNIS J
509 EDISON AVE
FORT MYERS FL 33936
Lehigh Acres, FL 33972

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City *FORT Myers* FL Zip Code *33972*

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* 3/10/08
Signature, typed printed name of registered agent and the Corporation. (NOTE: Registered Agent signature is required when constituting) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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 NAME STREET ADDRESS CITY-ST-ZIP	PD VAUGHN, ROBERT 14801 PARK LAKE DR, # 202 FORT MYERS FL 33919 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEWART, DIANE 14501 PARK LAKE DR. PH- 4 FORT MYERS FL 33919 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANDISE, SALLY 14931 PARK LAKE DR. PH-1 FT MYERS FL 33919 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD O'BRIAN, THOMAS 14901 PARK LAKE DR, PH1 FORT MYERS FL 33919 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOUCHER, RICHARD 14831 PARK LAKE DR, # 112 FORT MYERS FL 33919 <input checked="" 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 PD RAMON SANCHEZ 14901 PARK LAKE DR #202 FORT MYERS, FL 33919
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	PD KRIEGER RONALD 14831 PARK LAKE DRIVE #202 FORT MYERS, FL 33919 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PENN, RONALD 14901 PARK LAKE DRIVE-PH-6 FORT MYERS, FL 33919 <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: *Ronald Krieger* **RONALD KRIEGER** *President* 3/10/08 489-4828