


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000009525 1. Entity Name PARK THREE AT LAKEWOOD CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 14851 PARK LAKE DR. FORT MYERS FL 33919-2146		Mailing Address 14851 PARK LAKE DR. FORT MYERS FL 33919-2146	
2. Principal Place of Business - No P.O. Box # 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 CATOE, DENNIS 509 EDISON AVE LEHIGH ACRES FL 33936		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 <u><i>Dennis S. Catoe</i></u> <u><i>Dennis S. Catoe</i></u> <u><i>3/5/07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>	



1st MOORE CR2E037 (10/06)

4. FEI Number 22-3888696	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State 100000659770 857 16 317 0007 10 12
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '06	
TITLE: PD NAME: HINES, ROBERT STREET ADDRESS: 14831 PARK LANE DRIVE, # 301 CITY-ST-ZIP: FORT MYERS FL 33919	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: KRIEGER, RONALD STREET ADDRESS: 112 E. OAK STREET CITY-ST-ZIP: OAK HARBOR OH 43449	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: STD NAME: BOUCHER, RICHARD D. STREET ADDRESS: 14831 PARK LAKE DRIVE, # 112 CITY-ST-ZIP: FORT MYERS FL 33919	<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
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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 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* *Vice President* *3-5-07* *239-489-0759*