
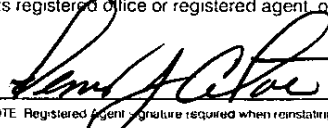


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

03-21-2006 90017 012 \*\*\*\*61.25

<b>DOCUMENT # N03000002143</b>					
1. Entity Name <b>PARK ONE AT LAKEWOOD CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>14851 PARK LAKE DRIVE FORT MYERS FL 33919-2146</b>			Mailing Address <b>14851 PARK LAKE DRIVE FORT MYERS FL 33919-2146</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>51-0452796</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SHIELDS, CHRISTOPHER J 1833 HENDRY STREET FORT MYERS FL 33901</b>			7. Name and Address of New Registered Agent Name <b>Dennis J. CATOE</b> Street Address (P.O. Box Number is Not Acceptable) <b>509 EDISON AVE</b> <b>Lehigh Acres,</b> City <b>FL</b> Zip Code <b>33936</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 <b>Dennis J. CATOE</b>				DATE <b>3-16-2006</b>	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		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>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	O'BRIEN, THOMAS		NAME		
STREET ADDRESS	14901 PARK LAKE DR, #PH1		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33919		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MANCUSO, LUCIANO		NAME	<b>SAUCHER, RAMON</b>	
STREET ADDRESS	14901 PARK LAKE DR, #PH7		STREET ADDRESS	<b>14901 PARK LAKE DRIVE</b>	
CITY-ST-ZIP	FORT MYERS FL 33919		CITY-ST-ZIP	<b>FORT MYERS, FL 33919</b>	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARWARD, WILLIAM F JR		NAME		
STREET ADDRESS	14901 PARK LAKE DR, #207		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33919		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



1st MOORE CR2E037 (10/05)

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: **Thomas J. O'Brien** **3/2/06** **239-489-4828**