

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002143

FILED  
Apr 07, 2009  
Secretary of State

**Entity Name:** PARK ONE AT LAKEWOOD CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

14851 PARK LAKE DRIVE  
FORT MYERS, FL 339192146

**New Principal Place of Business:**

14851 PARK LAKE DRIVE  
FORT MYERS, FL 33919

**Current Mailing Address:**

14851 PARK LAKE DRIVE  
FORT MYERS, FL 339192146

**New Mailing Address:**

14851 PARK LAKE DRIVE  
FORT MYERS, FL 33919

FEI Number: 51-0452796

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CATOE, DENNIS  
509 EDISON AVE  
LEHIGH ACRES, FL 33936 US

**Name and Address of New Registered Agent:**

RAMIREZ, CARLOS  
8695 COLLEGE PARKWAY  
#1354  
FT. MYERS, FL 33919 US

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.

SIGNATURE: CARLOS A. RAMIREZ

04/07/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: O'BRIEN, THOMAS  
Address: 14901 PARK LAKE DR, #PH1  
City-St-Zip: FORT MYERS, FL 33919

Title: VD ( ) Delete  
Name: SANCHEZ, RAMON  
Address: 14901 PK LK DR  
City-St-Zip: FORT MYERS, FL 33919

Title: STD ( ) Delete  
Name: PENN, RONALD  
Address: 14901 PARK LAKE DR PH6  
City-St-Zip: FORT MYERS, FL 33919

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: SANCHEZ, RAMON  
Address: 14901 PK LK DR, # 204  
City-St-Zip: FORT MYERS, FL 33919

Title: STD (X) Change ( ) Addition  
Name: KELLAM, PATRICK  
Address: 14901 PARK LAKE DR. # 307  
City-St-Zip: FORT MYERS, FL 33919

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS O'BRIEN

PD

04/07/2009

Electronic Signature of Signing Officer or Director

Date