2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002212

FILED Jan 11, 2009 Secretary of State

Entity Name: LAKEWOOD ESTATES CIVIC ASSOCIATION INC.							
Current Principal Place of Business:					New Principal Plac	e of Business:	
P. O. BOX 1 ST. PETER	15903 SBURG, FL 15	903					
Current Mailing Address:					New Mailing Address:		
P. O. BOX 1 ST. PETER	15903 SBURG, FL 15	903					
FEI Number:		FEI Numb	er Applied For()	FEI Nur	nber Not Applicable (X)	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
ELLIS, JUD 1874 JUARI SAINT PETI		33712	US				
The above r		bmits this	s statement for the p	ourpose c	f changing its registe	red office or registered agent, or both,	
SIGNATUR	E:						
Electronic Signature of Registered Agent					Date		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () DO ELLIS, JUDITH S 1874 JUAREZ WA SAINT PETERSBU	NY S.	3712		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () DO COLEY, DENNIS 2616 FAIRWAY A' SAINT PETERSBU	VE S	3712		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	STD () DO WEDDING, PATS' 2575 DESOTO WA SAINT PETERSBU	Y AY SOUTH			Title: Name: Address: City-St-Zip:	() Change () Addition	

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: JUDITH S. ELLIS PD 01/11/2009