

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90043 013 \*\*\*\*61.25

**DOCUMENT # N03000004338**

1. Entity Name  
**LAKEWOOD VILLAGE SECTION I RESIDENTS'  
ASSOCIATION, INC.**



Principal Place of Business  
**C/O PULTE HOME CORPORATION  
9148 BONITA BEACH ROAD SUITE 102  
BONITA SPRINGS, FL 34135**

Mailing Address  
**C/O PULTE HOME CORPORATION  
9148 BONITA BEACH ROAD SUITE 102  
BONITA SPRINGS, FL 34135**

**40054688**



2. Principal Place of Business  
**c/o Integrated Property Mgmt.**

3. Mailing Address  
**c/o Integrated Property Mgmt.**

Suite, Apt. #, etc.  
**3435 - 10th Street N., #201**

Suite, Apt. #, etc.  
**3435 - 10th Street N., #201**

03282005 Chg-NP CR2E037 (10/03)

City & State  
**Naples, FL**

City & State  
**Naples, FL**

4. FEI Number  
**20-1036763**

Applied For  
☐ Not Applicable

Zip  
**34103**

Country

Zip  
**34103**

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STACKHOUSE, EDWIN D  
C/O PULTE HOME CORPORATION  
9148 BONITA BEACH ROAD SUITE 102  
BONITA SPRINGS, FL 34135**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
STACKHOUSE, EDWIN D  
9148 BONITA BEACH ROAD SUITE 102  
BONITA SPRINGS, FL 34135** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
KEMPTON, JOHN STEVEN  
9148 BONITA BEACH ROAD SUITE 102  
BONITA SPRINGS, FL 34135** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DST  
RAY, LAURA  
9148 BONITA BEACH ROAD SUITE 102  
BONITA SPRINGS, FL 34135** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

*Laura A. Ray*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #