

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004340

FILED
Jan 16, 2009
Secretary of State

Entity Name: LAKEWOOD VILLAGE RECREATION ASSOCIATION, INC.

Current Principal Place of Business:

BCH MANAGEMENT GROUP, INC.
1840 BOY SCOUT DRIVE,, SUITE B
FT. MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

BCH MANAGEMENT GROUP, INC.
1840 BOY SCOUT DRIVE,, SUITE B
FT. MYERS, FL 33907

New Mailing Address:

FEI Number: 20-1036752

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, DIANA
C/O BCH MANAGEMENT GROUP, INC.
1840 BOY SCOUT DRIVE, SUITE B
FT. MYERS, FL 22807 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SANTOS, JOHN
Address: 8390 VILLAGE EDGE CIRCLE #1
City-St-Zip: FT. MYERS, FL 33919

Title: VPD () Delete
Name: BELLOMO, JACK
Address: 54607 CARNATION STREET
City-St-Zip: MACOB TOWNSHIP, MI 48042

Title: STD () Delete
Name: MIKOLAK, DENISE
Address: 12321 WHITE PINE LANE
City-St-Zip: FT. MYERS, FL 33913

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (X) Change () Addition
Name: REEVES, JESSE
Address: 8440 VILLAGE EDGE CIRCLE #1
City-St-Zip: FT. 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: DIANA MOORE

AGEN

01/16/2009

Electronic Signature of Signing Officer or Director

Date