

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004340

FILED
Feb 15, 2012
Secretary of State

Entity Name: LAKEWOOD VILLAGE RECREATION ASSOCIATION, INC.

Current Principal Place of Business:

C/O ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD, SUITE 200
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

C/O ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD, SUITE 200
FORT MYERS, FL 33919

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:

ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD
SUITE 200
FORT MYERS, FL 33919 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
Name: ANDERSON, MARCO
Address: 8370 VILLAGE EDGE CIRCLE #6
City-St-Zip: FORT MYERS, FL 33919

Title: VP
Name: BOLEN, EMILY
Address: 8470 VILLAGE EDGE CIRCLE #2
City-St-Zip: FORT MYERS, FL 33919

Title: TSD
Name: WALL, JAMES
Address: 8260 VILLAGE EDGE CIRCLE #3
City-St-Zip: FT. MYERS, FL 33919

I hereby 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 all other like empowered.

SIGNATURE: JAMES WALL

TSD

02/15/2012

Electronic Signature of Signing Officer or Director

Date