## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000009575

FILED Apr 30, 2007 Secretary of State

Entity Name: LAKEWOOD RIDGE ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2002 NORTH LOIS AVE 550 N REO STREET SUITE 507 SUITE 300

TAMPA, FL 33607 TAMPA, FL 33609

Current Mailing Address: New Mailing Address:

2002 NORTH LOIS AVE 550 N REO STREET SUITE 507 SUITE 300

TAMPA, FL 33607 TAMPA, FL 33609

FEI Number: 20-2963635 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

 LAMB, BRIAN K
 REALMANAGE`

 2002 NORTH LOIS AVE
 550 N REO STREET

 SUITE 507
 SUITE 300

 TAMPA, FL 33607 US
 TAMPA, FL 33609 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: WADE MYERS 04/30/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 DP ( ) Delete
 Title:
 PD (X) Change ( ) Addition

 Name:
 BLACKMON, FRANK
 Name:
 O'BRIEN, KENNETH

 Address:
 503 CEDAR WAXWING DR
 Address:
 601 CEDAR WAXWING DR

Address: 503 CEDAR WAXWING DR Address: 601 CEDAR WAXWING DR City-St-Zip: BRANDON, FL 33510 City-St-Zip: BRANDON, FL 33510

Title: DVP ( ) Delete Title: VPD (X) Change ( ) Addition Name: NEAL, TRICIA Name: SAVINO, VINCENT

 Name:
 NEAL, TRICIA
 Name:
 SAVINO, VINCENT

 Address:
 618 CEDAR WAXWING DR
 Address:
 515 CEDAR WAXWING DR

 City-St-Zip:
 BRANDON, FL 33510
 City-St-Zip:
 BRANDON, FL 33510

Title: DST ( ) Delete Title: STD (X) Change ( ) Addition

 Name:
 GUIMARGES, ANA
 Name:
 JACKSON, JOSEPH

 Address:
 511 CEDAR WAXWING DR
 Address:
 504 WEDGEFIELD PLACE

 City-St-Zip:
 BRANDON, FL 33510
 City-St-Zip:
 BRANDON, FL 33510

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: KENNETH O'BRIEN PD 04/30/2007