2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 07, 2008 8:00 am Secretary of State

DOCUMENT # N0400009575 1. Entity Name LAKEWOOD RIDGE ESTATES HOMEOWNERS ASSOCIATION, INC.									05-07-2	2008 !	901120)25 ****6	51.25	
550 N REO STREET 550 SUITE 300 SUI			550 Suiti	ng Address) N REO STREET IE 300 IPA, FL 33609			40098904							
2. Principal P	Place of Busin	ness - No P.O. Box #	3. Mai	ling Address										
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				01082008 Chg-NP CR2E037 (12/06)						
City & State	REO STREET 300 , FL 33609 sipal Place of Business - No P.O. Box # a. Apt. #, etc. & State Country		Cit	City & State				4. FEI Numbe 20-296	3635				pplied For lot Applicable	
Zip		Country	Zip	0	Cou	intry		5. Certificate of Status De			s Desired S8.75 Additional Fee Required			
	6. Name	and Address of Curre	nt Registere	od Agent				7. Name and	Address of I	New Re	gistered	Agent		
REALMAN 550 N REC	-	r				Name Street Ad	ddress (F	P.O. Box Numbe	er is Not Acce	entable)			<u> </u>	
SUITE 300 TAMPA, FI)	'												
·						City					FL	Zip Coo	de	
	named entit tions of regis	y submits this statement tered agent.	for the purp	ose of changing its	registere	ed office or	registere	ed agent, or bot	h, in the State	e of Flor	ida. I am	familiar with	, and accept	
SIGNATURE .		or printed name of registered age												
	Signature, typed	or printen name or registered age	ant and title it abe											
				(1012	. registere	a rigeni signate	ire required	when reinstating)			DATE	_		
	_	ee is \$61.25 May 1, 2008		9. Election Can Trust Fund C	npaign F	inancing		\$5.00 May B	e		ke chec	k payable t		
10.	_	e is \$61.25		9. Election Cam Trust Fund C	npaign F	inancing		\$5.00 May B		Flori	ike chec da Depar	tment of S	State	
10. TITLE NAME STREET AUDIRESS CITY-ST-ZIR	PD O'BRIEN, 601 CED/	ne is \$61.25 May 1, 2008		9. Election Cam Trust Fund C	npaign F Contributi 11. TITLE NAM STRE	inancing ion.		\$5.00 May B Added to Fees		Flori	ike chec da Depar	tment of S	State	
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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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: __

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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Daytime Phone #