2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# N05000000117

Entity Name: LAKEWOOD VILLAGE SECTION III RESIDENTS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O DIANA MOORE,BCH MGMT GROUP, INC.
1840 BOY SCOUT DRIVE, STE B
FORT MYERS, FL 33907

New Principal Place of Business:

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

Current Mailing Address:

C/O DIANA MOORE,BCH MGMT GROUP, INC.
1840 BOY SCOUT DRIVE, STE B
FORT MYERS, FL 33907

New Mailing Address:

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

FEI Number: 20-1578756 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C/O DIANA MOORE, BCH MGMT GROUP, INC.
1840 BOY SCOUT DRIVE, STE B
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD
SUITE 200
FORT MYERS, FL 33919 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: JOHN M. STROHM, AGENT 04/06/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete
Name: REEVES, JESSE
Address: 8440 VILLAGE EDGE CIR, # 1
City-St-Zip: FORT MYERS, FL 33919

Title: STD ( ) Delete
Name: DLESK, RANDALL
Address: 355 HALL STREET
City-St-Zip: BRIDGEPORT, OH 43912

Title: PD ( ) Delete
Name: GRANT, KARIN
Address: 8471 VILLAGE EDGE CIRCLE #2
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: REEVES, JESSE
Address: 8440 VILLAGE EDGE CIRCLE #1
City-St-Zip: FORT MYERS, FL 33919

Title: TSD (X) Change ( ) Addition
Name: REEVES, JESSE
Address: 8440 VILLAGE EDGE CIRCLE #1
City-St-Zip: FORT MYERS, FL 33919

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

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: KARIN GRANT PD 04/06/2009
Electronic Signature of Signing Officer or Director Date