2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# N05000012199

Entity Name: LAKEWOOD TOWNHOMES ASSOCIATION, INC.

Current Principal Place of Business:

5458 STANFORD ROAD
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

5458 STANFORD ROAD
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 20-5856406 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COBB, CHRISTOPHER M ESQUIRE
707 PENINSULAR PLACE
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

COBB, CHRISTOPHER M ESQUIRE
5458 STANFORD RD
JACKSONVILLE, FL 32207 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: _____ 03/25/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DIR ( ) Delete
Name: COBB, CHRISTOPHER M DIR
Address: 5458 STANFORD ROAD
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: DIR ( ) Delete
Name: COBB, JOY D DIR
Address: 5458 STANFORD ROAD
City-St-Zip: JACKSONVILLE, FL 32207

Title: DIR ( ) Delete
Name: GRZELINSKI, VICTORIA R DIR
Address: 5466 STANFORD ROAD
City-St-Zip: JACKSONVILLE, FL 32207

Title: DIR ( ) Delete
Name: GRZELINSKI, THOMAS J DIR
Address: 5466 STANFORD ROAD
City-St-Zip: JACKSONVILLE, FL 32207

Title: DIR ( ) Delete
Name: TROBAUGH, BENSON L DIR
Address: 5462 STANFORD ROAD
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: JOY D. COBB DIR 03/25/2009
Electronic Signature of Signing Officer or Director — Date