

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 26, 2009
Secretary of State

DOCUMENT# N06000010110

Entity Name: LAKEWOOD WALK LOT OWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**7500 COLLEGE PARKWAY
FORT MYERS, FL 33907**New Principal Place of Business:****Current Mailing Address:**7500 COLLEGE PARKWAY
FORT MYERS, FL 33907**New Mailing Address:****FEI Number:** 26-3088202**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**R&A AGENTS, INC.
850 PARK SHORE DRIVE
TRIANON CENTRE-3RD FLOOR
NAPLES, FL 34103 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:** VPD () Delete
Name: MCINTYRE, SHAWN R
Address: 7500 COLLEGE PARKWAY
City-St-Zip: FORT MYERS, FL 33907**Title:** P () Delete
Name: BROWNE, GREG
Address: 7500 COLLEGE PARKWAY
City-St-Zip: FORT MYERS, FL 33907**Title:** ST () Delete
Name: HERING, RICH
Address: 7500 COLLEGE PARKWAY
City-St-Zip: FORT MYERS, FL 33907**Title:** VP () Delete
Name: KENNELLY, BRIAN
Address: 7500 COLLEGE PARKWAY
City-St-Zip: FORT MYERS, FL 33907**Title:** D () Delete
Name: HAFELE, DALE G
Address: 7500 COLLEGE PARKWAY
City-St-Zip: FORT MYERS, FL 33907**Title:** D (X) Delete
Name: SWART, JOHN
Address: 7500 COLLEGE PARKWAY
City-St-Zip: FORT MYERS, FL 33907**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:** VPD (X) Change () Addition
Name: KENNELLY, BRIAN
Address: 7500 COLLEGE PARKWAY
City-St-Zip: FORT MYERS, FL 33907**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: SHAWN R. MCINTYRE

VP

05/26/2009

Electronic Signature of Signing Officer or Director

Date