

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90036 008 ****70.00

DOCUMENT #

1. Entity Name

Lakewood Manor Owners Association, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Lakewood Manor

3. Mailing Address
5517 Lakewood Cir

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Panama City

City & State
Florida

4. FEI Number
59-1725476

Applied For
Not Applicable

Zip
32404

Country
US

Zip
32404

Country
US

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
John L. Bell

Street Address (P.O. Box Number is Not Acceptable)

5517 Lakewood Cir

City
Panama City

FL

Zip Code
32404

8. 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 L. Bell

April 29, 2002

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President John L. Bell 5517 Lakewood Cir Panama City, FL 32404
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Leroy Martin 5522 Scenic Drive Panama City, FL 32404
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Keith Perry 8610 Wood Cir Panama City, FL 32404
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer Joyce Lilleston 5608 Scenic Drive Panama City, FL 32404
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Barbara Bell 5517 Lakewood Cir Panama City, FL 32404
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

John L. Bell

April 29, 2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E037B (12/01)