

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90207 027 ****61.25

DOCUMENT # N15337

1. Entity Name
LAKEWOOD MANOR OWNERS ASSOCIATION, INC.



Principal Place of Business
**5517 LAKEWOOD CIRCLE
LAKEWOOD MANOR
PANAMA CITY, FL 32404**

Mailing Address
**5517 LAKEWOOD CIRCLE
LAKEWOOD MANOR
PANAMA CITY, FL 32404**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04282004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1725476

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BELL, JOHN L
5517 LAKEWOOD CIRCLE
PANAMA CITY, FL 32404**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME BELL, JOHN L
STREET ADDRESS 5517 LAKEWOOD CIRCLE
CITY-ST-ZIP PANAMA CITY, FL 32404

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☒ Delete
NAME MARTIN, LEROY
STREET ADDRESS 5522 SCENIC DRIVE
CITY-ST-ZIP PANAMA CITY, FL 32404

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME PERRY, KEITH
STREET ADDRESS 8610 WOOD CIRCLE
CITY-ST-ZIP PANAMA CITY, FL 32404

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME LILLESTON, JOYCE
STREET ADDRESS 8608 SCENIC DRIVE
CITY-ST-ZIP PANAMA CITY, FL 32404

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME BELL, BARBARA
STREET ADDRESS 5517 LAKEWOOD CIRCLE
CITY-ST-ZIP PANAMA CITY, FL 32404

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 DIRECTOR

John L. Bell
John L. Bell

4/30/04
Date

850-777-8233
Daytime Phone #