2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2007
Secretary of State

DOCUMENT# N15337

Entity Name: LAKEWOOD MANOR OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5620 SCENIC DRIVE
LAKEWOOD MANOR
PANAMA CITY, FL 32404

New Principal Place of Business:

Current Mailing Address:

5620 SCENIC DRIVE
LAKEWOOD MANOR
PANAMA CITY, FL 32404

New Mailing Address:

FEI Number: 59-1725476 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MIXON, WILLIAM S
5620 SCENIC DRIVE
PANAMA CITY, FL 32404 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:	PD	( ) Delete
Name:	MIXON, WILLIAM S	
Address:	5620 SCENIC DRIVE	
City-St-Zip:	PANAMA CITY, FL 32404	
Title:	VD	( ) Delete
Name:	NEWMANS, HOWARD	
Address:	8618 WOOD CIRCLE	
City-St-Zip:	PANAMA CITY, FL 32404	
Title:	TD	( ) Delete
Name:	LILLESTON, JOYCE	
Address:	8608 SCENIC DRIVE	
City-St-Zip:	PANAMA CITY, FL 32404	
Title:	SD	( ) Delete
Name:	HEAD, BRENDA	
Address:	5505 SCENIC DRIVE	
City-St-Zip:	PANAMA CITY, FL 32404	

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:	

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM S. MIXON PD 02/13/2007

Electronic Signature of Signing Officer or Director — Date