

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90138 005 \*\*\*\*\*70.00

**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

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

**FILE NOW: FEE IS \$61.25**

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	<input type="checkbox"/> Delete
NAME	BELL, JOHN L	
STREET ADDRESS	5517 LAKEWOOD CIRCLE	
CITY-ST-ZIP	PANAMA CITY FL 32404	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MARTIN, LEROY	
STREET ADDRESS	5522 SCENIC DRIVE	
CITY-ST-ZIP	PANAMA CITY FL 32404	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PERRY, KEITH	
STREET ADDRESS	8610 WOOD CIRCLE	
CITY-ST-ZIP	PANAMA CITY FL 32404	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LILLESTON, JOYCE	
STREET ADDRESS	8608 SCENIC DRIVE	
CITY-ST-ZIP	PANAMA CITY FL 32404	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BELL, BARBARA	
STREET ADDRESS	5517 LAKEWOOD CIRCLE	
CITY-ST-ZIP	PANAMA CITY FL 32404	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: John L Bell**

Pres

4/30/03

747-8233

CR2E037 (10/02)