

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

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90146 042 ****61.25

DOCUMENT # N28322

1. Entity Name

LAKEWOOD TOWNHOME OWNERS' ASSOCIATION, INC.



Principal Place of Business

55 SHANNON DRIVE., #12-8
SANTA ROSA BEACH FL 32459
US

Mailing Address

55 SHANNON DRIVE., #12-8
SANTA ROSA BEACH FL 32459
US

2. Principal Place of Business

55 Shannon Dr #8

3. Mailing Address

55 Shannon Dr #8

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2958997**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

GUTHRIE, THOMAS
55 SHANNON DRIVE., #12
SANTA ROSA BEACH FL 32459

Name **Mildred Laslie**

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

55 Shannon Dr #8

City

Santa Rosa Beach FL

FL

Zip Code

32459

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 *Mildred F. Laslie*
Signature, typed or printed name of registered agent and title if applicable.

Mildred Laslie

4-7-03

(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** ☐ Delete
NAME **GUTHRIE, THOMAS**
STREET ADDRESS **55 SHANNON DRIVE., #12**
CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

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

TITLE **VD** ☐ Delete
NAME **LASLIE, MILDRED**
STREET ADDRESS **55 SHANNON DRIVE., #8**
CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

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

TITLE **TD** ☐ Delete
NAME **KEYES, KASSY**
STREET ADDRESS **55 SHANNON DRIVE., #5**
CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

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

TITLE **SD** ☐ Delete
NAME **FILLINGIM, LIBBY**
STREET ADDRESS **55 SHANNON DRIVE., #11**
CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

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

TITLE **D** ☐ Delete
NAME **FIELDS, BARBARA**
STREET ADDRESS **55 SHANNON DRIVE., #1**
CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

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: *Thomas Guthrie*

THOMAS GUTHRIE

April 7, 2003

850-231-1078

CR2E037 (10/02)