FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 19 AM 8:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N48428 (9)

1. Corporation Name
HOMEOWNERS' ASSOCIATION OF LAKEWOOD VILLAGE, INC

Principal Place of Business	Mailing Address
1455 90TH AVE. #319 VERO BEACH FL 32966	1455 90TH AVE. #319 VERO BEACH FL 32966

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/17/1992
3a. Date of Last Report: 04/14/1994
4. FEI Number: 65-0328949 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $69.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CADIEUX, LEON, III
1455 90TH AVE
VERO BEACH FL 32966

10. Name and Address of New Registered Agent

31 Name: Becky L. Richards
32 Street Address (P.O. Box Number is Not Acceptable): 1455 90TH AVE #319
33
34 City: Vero Beach FL 35 Zip Code: 32966

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Becky L Richards (Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE: 3/27/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	GAY, MAURICE	1.2 NAME	Urquhart, Alan	
STREET ADDRESS	1455 90TH AVE LOT	1.3 STREET ADDRESS	1455 90TH AVE LOT 240	
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP	Vero Beach, FL	
TITLE	D	2.1 TITLE	DVP	☒ Change ☐ Addition
NAME	JOHNSON, JACK	2.2 NAME	Scherrer, Eleanor	
STREET ADDRESS	1455 90TH AVE LOT 260	2.3 STREET ADDRESS	1455 90TH AVE LOT A-23	
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP	Vero Beach, FL	
TITLE	DS	3.1 TITLE	DT	☒ Change ☐ Addition
NAME	RICHARDS, BECKY	3.2 NAME	Richards, Becky	
STREET ADDRESS	1455 90TH AVE, LOT 319	3.3 STREET ADDRESS	1455 90TH AVE LOT 319	
CITY-ST-ZIP	VERO BEACH FL	3.4 CITY-ST-ZIP	Vero Beach, FL	
TITLE	DT	4.1 TITLE	DS	☒ Change ☐ Addition
NAME	CHAMBERLAIN, DOLORES	4.2 NAME	Migliore, Susan	
STREET ADDRESS	1455 90TH AVE, LOT A-29	4.3 STREET ADDRESS	1455 90TH AVE LOT 318	
CITY-ST-ZIP	VERO BEACH FL	4.4 CITY-ST-ZIP	Vero Beach, FL	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	GRAZIOSI, EDWARD	5.2 NAME	Francis, John	
STREET ADDRESS	1455 90TH AVE, LOT 113	5.3 STREET ADDRESS	1455 90TH AVE LOT A-48	
CITY-ST-ZIP	VERO BEACH FL	5.4 CITY-ST-ZIP	Vero Beach, FL	
TITLE		6.1 TITLE	D	☒ Change ☐ Addition
NAME		6.2 NAME	Ferraiuolo, Ron	
STREET ADDRESS		6.3 STREET ADDRESS	1455 90TH AVE LOT A-7	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Vero Beach, FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Susan Migliore SUSAN MIGLIORE 3-27-95 407-778-4990
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)