FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 21, 1999 8:00 am
Secretary of State
06-21-1999 90005 024 ****61.25

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DOCUMENT # N48428

1. Corporation Name
LAKEWOOD VILLAGE RO ASSOCIATION, INC.

Principal Place of Business	Mailing Address
Office 1455 90TH AVE ~~LOT A20~~ VERO BEACH FL 32966 US	Office 1455 90TH AVE ~~LOT A23~~ VERO BEACH FL 32966 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	04/17/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0328949 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
EMARD, NORMAND G 1455 - 90TH AVE. LOT 109 VERO BEACH FL 32966	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE	Director	☐ Change ☒ Addition
NAME	SCHIED, FRANK		1.2 NAME	Harold Ellis	
STREET ADDRESS	1455 90TH AVE, LOT 183		1.3 STREET ADDRESS	Lot 218	
CITY-ST-ZIP	VERO BEACH FL 32966		1.4 CITY-ST-ZIP	1455 90th Vero Beach, Fl 32966	
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	EMARD, NORMAN		2.2 NAME		
STREET ADDRESS	1455 90TH AVE, LOT 109		2.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32966		2.4 CITY-ST-ZIP		
TITLE	SDT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HUNTLEY, JANET		3.2 NAME		
STREET ADDRESS	1455 90TH AVE, LOT A-4		3.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32966		3.4 CITY-ST-ZIP		
TITLE	DST	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SHEPKE, NANCY L		4.2 NAME		
STREET ADDRESS	1455 90TH AVE, LOT A5		4.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32966		4.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MARTIN, DUANE		5.2 NAME		
STREET ADDRESS	1455 90TH AVE LOT 206		5.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32966		5.4 CITY-ST-ZIP		
TITLE	Director	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	Robert LaBelle		6.2 NAME		
STREET ADDRESS	1455 90th Ave lot 159		6.3 STREET ADDRESS		
CITY-ST-ZIP	Vero Beach, Fl 32966		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Normand Emard SIGNATURE REQUIRED NORMAND EMARD 6-16-99 561-567-4358
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #