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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 9:15

DOCUMENT # N94000001258 (2)

1. Corporation Name

LAKEWOOD VILLAGE OF PUNTA GORDA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5601 DUNCAN RD. #85 PUNTA GORDA FL 33982	5601 DUNCAN RD. #85 PUNTA GORDA FL 33982

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/10/1994
3a. Date of Last Report:
4. FEI Number: 65-0521110 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 5601 DUNCAN RD	26 5601 DUNCAN RD
Suite, Apt. #, etc. 22 #100	Suite, Apt. #, etc. 27 #100
City & State 23 PUNTA GORDA FL	City & State 28 PUNTA GORDA FL
Zip 24 33982 Country 25 US	Zip 29 33982 Country 30 US

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 ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
OLSEN, ROY 5601 DUNCAN RD. #85 PUNTA GORDA FL 33982	81 Name: JOAN R. COX 82 Street Address (P.O. Box Number is Not Acceptable): 5601 DUNCAN RD 83: #100 84 City: PUNTA GORDA FL 85 Zip Code: 33982

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: Joan R Cox Secretary — 4-10-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	DP	☒ Change ☐ Addition
NAME	OLSEN, ROY	12 NAME	CARDINAL, LORRAINE	
STREET ADDRESS	5601 DUNCAN RD., #85	13 STREET ADDRESS	5601 DUNCAN RD #85	
CITY-ST-ZIP	PUNTA GORDA FL 33982	14 CITY-ST-ZIP	PUNTA GORDA FL 33982	
TITLE	DV	21 TITLE	DV	☒ Change ☐ Addition
NAME	BRACHEL, RAY	22 NAME	BOEH, RUTH	
STREET ADDRESS	5601 DUNCAN RD., #85	23 STREET ADDRESS	5601 DUNCAN RD #8	
CITY-ST-ZIP	PUNTA GORDA FL 33982	24 CITY-ST-ZIP	PUNTA GORDA FL 33982	
TITLE	DS	31 TITLE	DS	☒ Change ☐ Addition
NAME	CARDINAL, LORRAINE	32 NAME	JOAN COX	
STREET ADDRESS	5601 DUNCAN RD., #85	33 STREET ADDRESS	5601 DUNCAN RD #100	
CITY-ST-ZIP	PUNTA GORDA FL 33982	34 CITY-ST-ZIP	PUNTA GORDA, FL 33982	
TITLE	DT	41 TITLE	D	☐ Change ☒ Addition
NAME	WILLIAMS, GUY	42 NAME	SHELDON KEITH	
STREET ADDRESS	5601 DUNCAN RD., #85 84	43 STREET ADDRESS	5601 DUNCAN RD #3	
CITY-ST-ZIP	PUNTA GORDA FL 33982	44 CITY-ST-ZIP	PUNTA GORDA, FL 33982	
TITLE	D	51 TITLE	D	☒ Change ☐ Addition
NAME	COVEY, RICHARD	52 NAME	HERB AUDET	
STREET ADDRESS	5601 DUNCAN RD., #85	53 STREET ADDRESS	5601 DUNCAN RD #60	
CITY-ST-ZIP	PUNTA GORDA FL 33982	54 CITY-ST-ZIP	PUNTA GORDA, FL 33982	
TITLE	D	61 TITLE	D	☒ Change ☐ Addition
NAME	BRAKE, HARVEY	62 NAME	JOAN BOHLEY	
STREET ADDRESS	5601 DUNCAN RD., #85	63 STREET ADDRESS	5601 DUNCAN RD #61	
CITY-ST-ZIP	PUNTA GORDA FL 33982	64 CITY-ST-ZIP	PUNTA GORDA, FL 33982	

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)(k), 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: Joan R Cox Secy. JOAN R. COX 4-10-95 813-575-9114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0081802