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Jan 24 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N94000001258 (2)

1. Corporation Name

LAKEWOOD VILLAGE OF PUNTA GORDA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5601 DUNCAN ROAD
LOT NO. 88
PUNTA GORDA FL 33982
US

5601 DUNCAN ROAD
LOT NO. 88
PUNTA GORDA FL 33982-4754
US



3. Date Incorporated or Qualified
03/10/1994

3a. Date of Last Report
03/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
65-0521110

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

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

LOTITO, LILLIAN
5601 DUNCAN ROAD
LOT NO. 88
PUNTA GORDA FL 33982

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

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
NAME WILKINSON, JACK
STREET ADDRESS 5601 DUNCAN ROAD #77
CITY-ST-ZIP PUNTA GORDA FL

1.1 TITLE DT
1.2 NAME WILLIAMS, GUY
1.3 STREET ADDRESS 5601 DUNCAN RD #84
1.4 CITY-ST-ZIP PUNTA GORDA, FL 33982

TITLE DV
NAME BOEH, RUTH
STREET ADDRESS 5601 DUNCAN R. #8
CITY-ST-ZIP PUNTA GORDA FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DS
NAME LOTITO, LILLIAN
STREET ADDRESS 5601 DUNCAN ROAD #88
CITY-ST-ZIP PUNTA GORDA FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME KEITH, SHELDON
STREET ADDRESS 5601 DUNCAN RD. #3
CITY-ST-ZIP PUNTA GORDA FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME AUDET, HERB
STREET ADDRESS 5601 DUNCAN RD. #80
CITY-ST-ZIP PUNTA GORDA FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME BOHLEY, JOAN
STREET ADDRESS 5601 DUNCAN RD #61
CITY-ST-ZIP PUNTA GORDA FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/97

Date

941-575-1230

Daytime Phone # 0068222

CP2E037 (9/96)