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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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 ASSOC IATION, 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 US

2. Principal Place of Business	2a. Mailing Address
21 5601 Duncan Road	26 5601 Duncan Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 LOT # 205	27 LOT 205
City & State	City & State
23 Punta Gorda FL	28 Punta Gorda FL
Zip / Country	Zip / Country
24 33982 / 25 US	29 33982 / 30 US

3. Date Incorporated or Qualified: 03/10/1994

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

7. Is this nonprofit corporation a homeowners association? ☑ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No NA

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: Joan C. RyNex
82 Street Address (P.O. Box Number Is Not Acceptable): 5601 Duncan Rd
83: LOT # 205
84 City: Punta Gorda **FL** 85 Zip Code: 33982

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: Joan C. RyNex — 3-15-98
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP WILKINSON, JACK 5601 DUNCAN ROAD #77 PUNTA GORDA FL	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P SAM Swanson 5601 Duncan Rd # 119 Punta Gorda FL	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV BOEH, RUTH 5601 DUNCAN R. #8 PUNTA GORDA FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS LOTITO, LILLIAN 5601 DUNCAN ROAD #88 PUNTA GORDA FL	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	S Joan RyNex 5601 Duncan Rd #205 Punta Gorda FL 33982	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KEITH, SHELDON 5601 DUNCAN RD. #3 PUNTA GORDA FL	☑ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D WARREN RyNex 5601 Duncan rd #205 Punta Gorda FL 33982	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT WILLIAMS, GUY 5601 DUNCAN RD #84 PUNTA GORDA FL 33982	☑ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	DT Blossom Williams 5601 Duncan Rd # 84 Punta Gorda FL 33982	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRACHEL, RAY 5601 DUNCAN RD #93 PUNTA GORDA FL 33982	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/97)

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.

SIGNATURE: Joan C. RyNex Joan C. RyNex 3-15-98 941-6390154