

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90027 037 ****61.25

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1. Entity Name

LAKEWOOD VILLAGE OF PUNTA GORDA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
**5601 DUNCAN RD
LOT 77
PUNTA GORDA FL 33982
US**

Mailing Address
**5601 DUNCAN RD
LOT 77
PUNTA GORDA FL 33982
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0521110

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILKINSON, FRANCES H
5601 DUNCAN RD
LOT 77
PUNTA GORDA FL 33982**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **RUNCCELLITO, GEORGE**
STREET ADDRESS **5601 DUNCAN ROAD #184**
CITY-ST-ZIP **PUNTA GORDA FL 33982**

TITLE **D** ☐ Delete
NAME **DUDDERAR, JACK**
STREET ADDRESS **5601 DUNCAN ROAD #175**
CITY-ST-ZIP **PUNTA GORDA FL 33982**

TITLE **S** ☐ Delete
NAME **WILKINSON, FRANCES H**
STREET ADDRESS **5601 DUNCAN ROAD #77**
CITY-ST-ZIP **PUNTA GORDA FL 33982**

TITLE **T** ☐ Delete
NAME **LA SALLE, SHEILA**
STREET ADDRESS **5601 DUNCAN ROAD #16**
CITY-ST-ZIP **PUNTA GORDA FL 33982**

TITLE **D** ☐ Delete
NAME **PURTELL, BARBARA**
STREET ADDRESS **5601 DUNCAN ROAD #79**
CITY-ST-ZIP **PUNTA GORDA FL 33982**

TITLE **D** ☐ Delete
NAME **COLBURN, ARNOLD**
STREET ADDRESS **5601 DUNCAN ROAD #43**
CITY-ST-ZIP **PUNTA GORDA FL 33982**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Change ☒ Addition
NAME **NANCY DUNN**
STREET ADDRESS **5601 DUNCAN Rd #26**
CITY-ST-ZIP **PUNTA GORDA, FL 33982**

TITLE **V** ☐ Change ☒ Addition
NAME **DOWN PARKER**
STREET ADDRESS **5601 DUNCAN Rd #126**
CITY-ST-ZIP **PUNTA GORDA, FL 33982**

TITLE **D** ☐ Change ☒ Addition
NAME **GUY WILLIAMS**
STREET ADDRESS **5601 DUNCAN Rd #84**
CITY-ST-ZIP **PUNTA GORDA, FL 33982**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Frances Wilkinson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/04

941-575-8076

Date

Daytime Phone #