

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004243

FILED
Apr 30, 2009
Secretary of State

Entity Name: LAKEWOOD OF SEAGROVE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

110 SHANNON DRIVE
SEAGROVE BEACH, FL 32459

New Principal Place of Business:

5726 COY BURGESS LOOP
DEFUNIAK SPRINGS, FL 32435

Current Mailing Address:

110 SHANNON DRIVE
SEAGROVE BEACH, FL 32459

New Mailing Address:

5726 COY BURGESS LOOP
DEFUNIAK SPRINGS, FL 32435

FEI Number: 59-3297757

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERTWIG, WILLA
110 SHANNON DR.
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

HERTWIG, WILLA
5726 COY BURGESS LOOP
DEFUNIAK SPRINGS, FL 32435 US

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.

SIGNATURE: WILLA HERTWIG

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ST () Delete

Name: HERTWIG, WILLA

Address: 110 SHANNON DR.

City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: ST (X) Change () Addition

Name: HERTWIG, WILLA

Address: 5726 COY BURGESS LOOP

City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: VP () Delete

Name: GAGE, RALPH

Address: 44 EVE CIRCLE

City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: () Change () Addition

Name:

Address:

City-St-Zip:

Title: P () Delete

Name: SUMPTER, JAMES

Address: 30 TRAE LANE

City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: () Change () Addition

Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLA HERTWIG

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date