#### FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

### DOCUMENT # N9800000351

Corporation Name

## NON SHAREHOLDERS OWNERS ASSOCIATION OF LAKEWOOD VILLAGE, INCORPORATED

2. Principal Place of Business

Mailing Address

LOT #258 1455 90TH AVE VERO BEACH FL 32966

2a. Mailing Address

# FILED Mar 06, 1999 8:00 am § Secretary of State

03-06-1999 90050 028 \*\*\*\*61.25



3. Date Incorporated or Qualifed

21				26				01/20/1998					
	Suite, Apt. #, etc.			Suite, Apt. #, etc.				4. FEI Num			Appl	ied For	
22	,ite, Apt. #1 6tc.			27				65=0	5794937	7'	Not	Applicable	
City & State			City & State								\$8.75 Ad	ditional	
-m '			28					5. Certificati	e of Status Desired	· 🗆 .	Fee Req	uired	
23 Zin	Zip Country			Zip Country				6. Election	Campaign Financir	na —	\$5.00 M	lav Be .	
¬ '	25 29 30								nd Contribution	"9 🗆	Added to	· .	
24 25 29 30 30 9. Name and Address of Current Registered Agent									nd Address of Ne	w Registered A	gent		
** Italia did Vodices oi odilon negleteres vigan													
SCHLOW, MARTHAMAE C						82 Street Address (P.O. Box Number is Not Acceptable)							
LOT #258													
1455 90TH AVE													
VERO BEACH FL 32966						City					85 Zip Co	ode ·	
										<u>FL</u>			
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												egistered stered	
11. Pursuant to the provisions of Sections of 17.0502 and 617.1506, Fiorida Statutes, tile above intension and 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 I			13.				NS/CHANGES TO	OFFICERS AN	D DIRECTOR	S IN 12	
TITLE	PRESIDEN	UT		DELETE	1.1 TITLE		76	EASUR	ER		Change	☐ Addition	
NAME	IN ATHAMAE SCHLOW						NA	ency	CALLAWA AVE # 8	*× c		-	
OMETADORCO 1455 90 AVE # 258						ADDRESS	14.	55 90	AVETTO	<i>x 10</i>			
	Jan 204 FL 32966						VE	eo BEAC	H, 12-32	966			
CITY-ST-ZIP				DELETE	1.4 CITY-ST	1.21	72				Change	Addition	
TITLE	LOIS DE	RICKE		_ occe.•	2.2 NAME		P	1 30	AVE # A-				
NAME	11000 AIC # 28 (								AVE #A-	-36			
STREET ADDRESS	1-0 3-011 F4 2-709					ADDRESS	1/4-	1- 3-	CH, FL, 3	2466	•		
CITY-ST-ZIP	VERO ZE	MCH)	·		2.4 CITY-S	T-ZIP	VZ.	RO DE A	<i>ICA</i> , 12,2		Change	☐ Addition	
TITLE	TROUSVE	SECRE	TARY	☐ DELETE	3.1 TITLE		Bo	ARD M	EMBER	~	( Change	L Addition	
NAME	CARMEN CASTELLAND 1455 GOTH AVE #180						1 1/g	e de l	DEQUHAR	87			
STREET ADDRESS	1455	9	3.3 STREET	ADDRESS	1 74	55 ON	AUB #2	40					
CITY-ST-ZIP	VERO B	3eH, FL		_	3.4. CITY- S	T-ZIP	V	Zeo B	AUR AZA	·32966			
TITLE	TREASUR	ER		DELETE	4.1 TITLE						☐ Change	☐ Addition	
NAME	MARYC	AMP			4. 2 NAME								
STREET ADDRESS	1/4/29					ADDRESS	s						
•		9CH, FL-324			4.4 CITY-S								
CITY-ST-ZIP			700	<b>€</b> DELETE	5.1 TITLE	1-215	+				Change	Addition	
TITLE	BOARD M.	EMBER		LES PHILE IL	5.1 IIILE								
NAME	DOROTHY HORTON 1155 90 AUC # 295					FADDRESS							
STREET ADDRESS							<b>"</b>						
CITY-ST-ZIP	VERO BE	ACH, TL 3	37966		5.4 CITY-S	T-ZIP	4				FT Ch	C Addition	
TITLE	BRARDM	DEMBER		<b>☐</b> ØELETE	6.1 TITLE						Change	Addition	
NAME	しこののこし	くぬけが			6.2 NAME					•	•		
STREET ADDRESS		O AUE F.			6.3 STREE	TADDRESS	s						
CITY-ST-ZIP		EACH, FL =			6.4 CITY-S	T- ZIP	ĺ			•			
14 15		mation supplied with		see not qualify for th	e evemnt	ion state	ed in Se	ction 119.07(	3)(i). Florida Statut	es. I further cer	lify that the in	formation	

4. 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 informatio 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 eath; 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, with all other like empowered.

SIGNATURE

KIN HELGE RTANGE MARTHUMATOR SCHLON

2/24/99 (56))567-8938

KZEU3/ (11/98)