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Feb 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000030073 (6)

1. Corporation Name

LAKEWOOD PLAZA CORPORATION

Principal Place of Business

2584 S HORSHORE DRIVE  
NAPLES FL 33942  
US

Mailing Address

2584 S HORSHORE DRIVE  
NAPLES FL 33942  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/05/1996

4. FEI Number

65-0676378

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

2. Principal Place of Business

21 1400 GULFSHORE BLVD N

Suite, Apt. #, etc.

22 220 B

City & State

23 NAPLES, FL

Zip

24 34102

Country

25 USA

2a. Mailing Address

26 1400 GULFSHORE BLVD N

Suite, Apt. #, etc.

27 220 B

City & State

28 NAPLES, FL

Zip

29 34102

Country

30 USA

9. Name and Address of Current Registered Agent

PAULICH III, JOHN  
C/O PAULICH, SLACK & WOLFF, P A  
2150 GOODLETTE ROAD - 6TH FLOOR  
NALES FL 34102

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

801 ANCHOR ROPE DR.

83 # 203

84 City

NAPLES

FL

85 Zip Code

34103

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

11/12/98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DPST  
DACOSTA, MAUREEN  
STREET ADDRESS 2555 COLLINS AVE, #811  
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE ☐ DELETE

NAME D  
CONNELL, JAMES A  
STREET ADDRESS P.O. BOX 5019 N/A  
CITY-ST-ZIP UPLAND CA 91785

TITLE ☐ DELETE

NAME D  
FOX, PATRICIA A  
STREET ADDRESS 8 MILLRACE NORTH  
CITY-ST-ZIP WILLIAMSVILLE NY 14221

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME DPST  
DaCosta, Maureen  
1.3 STREET ADDRESS P.O. Box I N/A  
1.4 CITY-ST-ZIP Aspen, CO 81612

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:



Maureen DaCosta

2/4/98

970-618-2288

CP2E034 (10/97)