


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90022 029 ***150.00

DOCUMENT # P96000072667

1. Entity Name
THE PARK AT LAKEWOOD, INC.



Principal Place of Business
**14851 PARK LAKE DRIVE
 FORT MYERS, FL 33919-2146**

Mailing Address
**7683 CAMERON CIRCLE
 FORT MYERS, FL 33912**

DO NOT WRITE IN THIS SPACE



01182008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0703285

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FLECK, ARTHUR II
 7683 CAMERON CIRCLE
 FT MYERS, FL 33912**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLECK, ARTHUR II 7683 CAMERON CIRCLE FT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FLECK, ARTHUR 14721 CALVERA PALM DRIVE STE 104 FORT MYERS, FL 33919
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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Arthur Fleck, Secy 2/11/08 1-239-464-6796

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #