

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706025

Entity Name: LAKEWOOD COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**140 LAKE OTIS RD.
WINTER HAVEN, FL 33884**Current Mailing Address:**PO BOX 2941
WINTER HAVEN, FL 33883 US**FEI Number:** 59-2336744**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**PUTNAM, THOMAS B E
141 5TH STREET, NW SUITE 300
WINTER HAVEN, FL 33881 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIRECTOR
Name	ADAMS, MEGAN
Address	145 LAKE MARIAM RD.
City-State-Zip:	WINTER HAVEN FL 33884

Title	PD
Name	BENNETT, CARLIN
Address	128 LAKE OTIS ROAD
City-State-Zip:	WINTER HAVEN FL 33884

Title	TD
Name	NEIDRINGHAUS, LAURA
Address	140 LAKE OTIS RD.
City-State-Zip:	WINTER HAVEN FL 33884

Title	VP
Name	OBER, CRAIG
Address	140 LAKE MARIAM RD.
City-State-Zip:	WINTER HAVEN FL 33884

Title	DIRECTOR
Name	OLSEN, JEFF
Address	141 LAKE OTIS ROAD
City-State-Zip:	WINTER HAVEN FL 33884

Title	DIRECTOR
Name	TOWNS, JAMES E
Address	204 LAKE LINK ROAD
City-State-Zip:	WINTER HAVEN FL 33884

Title	DIRECTOR
Name	HOVERCAMP, JACKIE
Address	117 LAKE OTIS ROAD
City-State-Zip:	WINTER HAVEN FL 33884

Title	DIRECTOR
Name	SENEY, MIKE
Address	240 LAKE LINK ROAD
City-State-Zip:	WINTER HAVEN FL 33884

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I hereby 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 all other like empowered.

SIGNATURE: LAURA NEIDRINGHAUS**SECRETARY/TREASURER** 04/12/2019_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title CORRESPONDING SECRETARY
Name NEIDRINGHAUS, LAURA
Address 140 LAKE OTIS ROAD
City-State-Zip: WINTER HAVEN FL 33884

Title DIRECTOR
Name POU, BEN
Address 130 PARK LANE
City-State-Zip: WINTER HAVEN FL 33884

Title DIRECTOR
Name BENNETT, KENNETH
Address 248 LAKE LINK ROAD
City-State-Zip: WINTER HAVEN FL 33884

Title DIRECTOR
Name EKAITIS, HARRY
Address 120 LAKE MARIAM ROAD
City-State-Zip: WINTER HAVEN FL 33884

Title DIRECTOR
Name WATSON, LINDA
Address 180 LAKE OTIS ROAD
City-State-Zip: WINTER HAVEN FL 33884