2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2018
Secretary of State
CC3993486483

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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: No

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

Title	D
Name	BEEMAN, ALLISON
Address	124 LAKE OTIS RD.
City-State-Zip:	WINTER HAVEN FL 33884

Title	DIRECTOR
Name	OBER, CRAIG
Address	140 LAKE MARIAM RD.
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	PD
Name	WATSON, WILLIAM
Address	180 LAKE OTIS RD
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	DIRECTOR
Name	OLSEN, JEFF
Address	141 LAKE OTIS 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

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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 TD 03/11/2018

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	MARTIN, TOMMY
Address	104 LAKE OTIS ROAD
City-State-Zip:	WINTER HAVEN FL 33884