2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2025
Secretary of State
8057102215CC

DOCUMENT# 729099

Entity Name: LAKEWOOD SINGLE FAMILY HOMEOWNERS ASSOCIATION I, INC.

Current Principal Place of Business:

C/O CAMBRIDGE MANAGEMENT
2335 TAMIAMI TRAIL N SUITE 402
NAPLES, FL 34103

Current Mailing Address:

C/O CAMBRIDGE MANAGEMENT
2335 TAMIAMI TRAIL N SUITE 402
NAPLES, FL 34103 US

FEI Number: 59-1778128

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAMBRIDGE MANAGEMENT
C/O CAMBRIDGE MANAGEMENT
2335 TAMIAMI TRAIL N SUITE 402
NAPLES, FL 34103 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: CARL WALTMAN 03/20/2025

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT	Title	TREASURER
Name	WALTMAN, CARL	Name	WITTENAUER, ALAN
Address	C/O CAMBRIDGE MANAGEMENT 2335 TAMIAMI TRAIL N SUITE 402	Address	C/O CAMBRIDGE MANAGEMENT 2335 TAMIAMI TRAIL N SUITE 402
City-State-Zip:	NAPLES FL 34103	City-State-Zip:	NAPLES FL 34103
Title	DIRECTOR	Title	VP
Name	WORLEY, SHARON	Name	ADAMS, STEVEN
Address	C/O CAMBRIDGE MANAGEMENT 2335 TAMIAMI TRAIL N SUITE 402	Address	C/O CAMBRIDGE MANAGEMENT 2335 TAMIAMI TRAIL N SUITE 402
City-State-Zip:	NAPLES FL 34103	City-State-Zip:	NAPLES FL 34103
Title	DIRECTOR	Title	SECRETARY
Name	HURLEY, TOM	Name	AYDELOTT, DONNA
Address	C/O CAMBRIDGE MANAGEMENT 2335 TAMIAMI TRAIL N SUITE 402	Address	C/O CAMBRIDGE MANAGEMENT 2335 TAMIAMI TRAIL N SUITE 402
City-State-Zip:	NAPLES FL 34103	City-State-Zip:	NAPLES FL 34103
Title	DIRECTOR		
Name	MCDERMOTT, CRAIG		
Address	C/O CAMBRIDGE MANAGEMENT 2335 TAMIAMI TRAIL N SUITE 402		
City-State-Zip:	NAPLES FL 34103		

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: CARL WALTMAN PRESIDENT 03/20/2025

Electronic Signature of Signing Officer/Director Detail — Date