2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2023
Secretary of State
5949086606CC

DOCUMENT# 729099

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

Current Principal Place of Business:

2335 TAMIAMI TRAIL N. STE 402
8825 TAMIAMI TRAIL EAST
NAPLES, FL 34103

Current Mailing Address:

CAMBRIDGE PROPERTY 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 PROPERTY MANAGEMENT OF SOUTHWEST FLORIDA
CAMBRIDGE PROPERTY 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: DANIELLE FARESE 04/17/2023

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT
Name	WALTMAN, CARL
Address	CAMBRIDGE PROPERTY MANAGEMENT 2335 TAMIAMI TRAIL N
City-State-Zip:	NAPLES FL 34103

Title	DIRECTOR
Name	WHITFIELD, DEBORAH
Address	CAMBRIDGE PROPERTY MANAGEMENT 2335 TAMIAMI TRAIL N
City-State-Zip:	NAPLES FL 34103

Title	DIRECTOR
Name	HURLEY, TOM
Address	CAMBRIDGE PROPERTY MANAGEMENT 2335 TAMIAMI TRAIL N
City-State-Zip:	NAPLES FL 34103

Title	DIRECTOR
Name	MCDERMOTT, CRAIG
Address	2335 TAMIAMI TRAIL NORTH | SUITE 402 |
City-State-Zip:	NAPLES FL 34103

Title	TREASURER
Name	WITTENAUER, ALAN
Address	CAMBRIDGE 2335 TAMIAMI TRAIL N
City-State-Zip:	NAPLES FL 34103

Title	VP
Name	ADAMS, STEVEN
Address	CAMBRIDGE PROPERTY MANAGEMENT 2335 TAMIAMI TRAIL N
City-State-Zip:	NAPLES FL 34103

Title	SECRETARY
Name	AYDELOTT, DONNA
Address	CAMBRIDGE PROPERTY MANAGEMENT 2335 TAMIAMI TRAIL N
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: WALTMAN , CARL PRESIDENT 04/17/2023

Electronic Signature of Signing Officer/Director Detail Date