2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729099

Entity Name: LAKEWOOD SINGLE FAMILY HOMEOWNERS ASSOCIATION I,

INC.

FILED May 01, 2021 Secretary of State 9680110991CC

Current Principal Place of Business:

C/O AMERICAN PROPERTY MANAGEMENT SERVICES, LLC 8825 TAMIAMI TRAIL EAST NAPLES, FL 34113

Current Mailing Address:

C/O AMERICAN PROPERTY MANAGEMENT SERVICES, LLC 8825 TAMIAMI TRAIL EAST NAPLES, FL 34113 US

FEI Number: 59-1778128 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AMERICAN PROPERTY MANAGEMENT SERVICES, LLC 8825 TAMIAMI TRAIL EAST NAPLES, FL 34113 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: ORLANDO MISERANDINO ORTIZ 05/01/2021

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title Title **TREASURER**

Name WALTMAN, CARL Name WITTENAUER, ALAN

Address C/O AMERICAN PROPERTY Address C/O AMERICAN PROPERTY MANAGEMENT SERVICES, LLC MANAGEMENT SERVICES, LLC

8825 TAMIAMI TRAIL EAST 8825 TAMIAMI TRAIL EAST

NAPLES FL 34113 NAPLES FL 34113 City-State-Zip: City-State-Zip:

Title **DIRECTOR** Title **DIRECTOR**

WHITFIELD, DEBORAH Name ADKINS, PATRICIA Name

C/O AMERICAN PROPERTY C/O AMERICAN PROPERTY Address Address

MANAGEMENT SERVICES, LLC MANAGEMENT SERVICES, LLC

8825 TAMIAMI TRAIL EAST 8825 TAMIAMI TRAIL EAST

City-State-Zip: NAPLES FL 34113 City-State-Zip: NAPLES FL 34113

Title ٧P Title DIRECTOR

Name ADAMS, STEVEN Name MARCHAK, ANNA

Address C/O AMERICAN PROPERTY Address C/O AMERICAN PROPERTY MANAGEMENT SERVICES, LLC

MANAGEMENT SERVICES, LLC

8825 TAMIAMI TRAIL EAST 8825 TAMIAMI TRAIL EAST

City-State-Zip: NAPLES FL 34113 City-State-Zip: NAPLES FL 34113

Title **SECRETARY** Name BURNETT, DIANA

C/O AMERICAN PROPERTY Address

MANAGEMENT SERVICES, LLC

8825 TAMIAMI TRAIL EAST

City-State-Zip: NAPLES FL 34113

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 05/01/2021 PRESIDENT