2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2019
Secretary of State
3431837150CC

DOCUMENT# 729099

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

Current Principal Place of Business:

2675 HORSESHOE DR. S.
#401
NAPLES, FL 34104

Current Mailing Address:

2675 HORSESHOE DR. S.
#401
NAPLES, FL 34104 US

FEI Number: 59-1778128

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SUNBURST MANAGEMENT CORP.
2675 HORSESHOE DR. S.
#401
NAPLES, FL 34104 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: BEVERLY KUETER 04/28/2019

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	P
Name	WALTMAN, CARL
Address	4393 BEECHWOOD LAKE DRIVE
City-State-Zip:	NAPLES FL 34112

Title	DIRECTOR
Name	ADKINS, PATRICIA
Address	4389 BEECHWOOD LAKE DRIVE
City-State-Zip:	NAPLES FL 34112

Title	VP
Name	ADAMS, STEVEN
Address	4400 BEECHWOOD LAKE DRIVE
City-State-Zip:	NAPLES FL 34112

Title	SECRETARY
Name	BURNETT, DIANA
Address	4515 LAKEWOOD BLVD.
City-State-Zip:	NAPLES FL 34112

Title	TREASURER
Name	WITTENAUER, ALAN
Address	4613 LONG KEY COURT
City-State-Zip:	NAPLES FL 34112

Title	DIRECTOR
Name	WHITFIELD, DEBORAH
Address	512 WHITEWATER WAY
City-State-Zip:	NAPLES FL 34112

Title	DIRECTOR
Name	MARCHAK, ANNA
Address	4485 BEECHWOOD LAKE DRIVE
City-State-Zip:	NAPLES FL 34112

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 04/28/2019

Electronic Signature of Signing Officer/Director Detail — Date