2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729099

Entity Name: LAKEWOOD SINGLE FAMILY HOMEOWNERS ASSOCIATION I,

INC.

FILED Mar 28, 2017 Secretary of State CC6691810442

Current Principal Place of Business:

ALLIANCE MANAGEMENT, LLC 3806 EXCHANGE AVENUE NAPELS, FL 34104

Current Mailing Address:

ALLIANCE MANAGEMENT, LLC 3806 EXCHANGE AVENUE NAPELS, FL 34104 US

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

Name and Address of Current Registered Agent:

ALLIANCE MANAGEMENT LLC 3806 EXCHANGE AVENUE 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:

Name

Electronic Signature of Registered Agent

Officer/Director Detail:

Title Title **TREASURER**

WALTMAN, CARL Name Name WITTENAUER, ALAN 4393 BEECHWOOD LAKE DRIVE Address Address 4613 LONG KEY COURT

City-State-Zip: NAPLES FL 34112 City-State-Zip: NAPLES FL 34112

Title **DIRECTOR** Title DIRECTOR PICCIN, SUSAN Name

ROSAS VOELL, NORA Address 4498 LAKEWOOD BLVD. 3119 53RD STREET SW Address

City-State-Zip: NAPLES FL 34112 City-State-Zip: NAPLES FL 34116

Title **DIRECTOR** VΡ Title

ELLIOTT, DOUGLAS ADAMS, STEVEN Name Name

Address 4436 LAKEWOOD BLVD. Address 4400 BEECHWOOD LAKE DRIVE

City-State-Zip: NAPLES FL 34112 City-State-Zip: NAPLES FL 34112

Title SECRETARY BURNETT, DIANA Name

4515 LAKEWOOD BLVD. Address

NAPLES FL 34112 City-State-Zip:

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** 03/28/2017

Date