2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009501

Entity Name: THE PARK AT LAKEWOOD COMMUNITY ASSOCIATION, INC.

FILED
Jul 14, 2023
Secretary of State
6790488302CC

Current Principal Place of Business:

C/O MYTOWN COMMUNITIES 2830 WINKLER AVE #101 FT MYERS, FL 33916

Current Mailing Address:

C/O MYTOWN COMMUNITIES 2830 WINKLER AVE #101 FT MYERS, FL 33916 US

FEI Number: 57-1143697 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KNOX LEVINE, P.A. 36354 U.S. HWY 19 N. PALM HARBOUR, FL 34684 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: BRYAN B. LEVINE, ESQ. 07/14/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

City-State-Zip:

Title SECRETARY Title VP

Name RAMOS, BERNICE Name MATUSZEK, SUE

Address C/O MYTOWN COMMUNITIES Address C/O MYTOWN COMMUNITIES

2830 WINKLER AVE #101 2830 WINKLER AVE #101

FT MYERS FL 33916 City-State-Zip: FT MYERS FL 33916

Title MEMBER AT LARGE Title TREASURER

Name HAUPTMAN, DONNA Name SATTERSTEN, SUE

Address C/O MYTOWN COMMUNITIES Address C/O MYTOWN COMMUNITIES

2830 WINKLER AVE #101 2830 WINKLER AVE #101

City-State-Zip: FT MYERS FL 33916 City-State-Zip: FT MYERS FL 33916

Title PRESIDENT

Name VANSCHUYVER, LISA

Address C/O MYTOWN COMMUNITIES

2830 WINKLER AVE #101

City-State-Zip: FT MYERS FL 33916

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: LISA VANSCHUYVER PRESIDENT 07/14/2023