

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006498

Entity Name: LAKEWOOD AT THE LAKES AT THREE OAKS HOMEOWNERS' ASSOCIATION, INC.**FILED**
Apr 21, 2014
Secretary of State
CC3580884864**Current Principal Place of Business:**C/O ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD STE 200
FT MYERS, FL 33919**Current Mailing Address:**C/O ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD STE 200
FT MYERS, FL 33919 US**FEI Number: 59-3513402****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD STE 200
FORT MYERS, FL 33919 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: MILLIE STROHM****04/21/2014**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	PEARL , EMILE
Address	C/O ALLIANT PROPERTY MANAGEMENT, LLC 6719 WINKLER ROAD STE 200
City-State-Zip:	FT MYERS FL 33919

Title	DIRECTOR
Name	OLIVE, FRANK
Address	C/O ALLIANT PROPERTY MANAGEMENT, LLC 6719 WINKLER ROAD STE 200
City-State-Zip:	FT MYERS FL 33919

Title	TREASURER
Name	FUHRMAN, SHERRY
Address	C/O ALLIANT PROPERTY MANAGEMENT, LLC 6719 WINKLER ROAD STE 200
City-State-Zip:	FT MYERS FL 33919

Title	DIRECTOR
Name	DUFF, JOHN
Address	C/O ALLIANT PROPERTY MANAGEMENT, LLC 6719 WINKLER ROAD STE 200
City-State-Zip:	FT MYERS FL 33919

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: EMILE PEARL**PRESIDENT****04/21/2014**

Electronic Signature of Signing Officer/Director Detail

Date