

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90777 025 ****61.25

DOCUMENT # N97000006498

1. Entity Name
**LAKEWOOD AT THE LAKES AT THREE OAKS
HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business
**19091 TAMiami TRAIL S.E.
FORT MYERS, FL 33908**

Mailing Address
**19091 TAMiami TRAIL S.E.
FORT MYERS, FL 33908**



2. Principal Place of Business

3. Mailing Address

**P & M Property Management
15660 San Carlos Blvd. # 40
Fort Myers, Florida 33908**

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15660 San Carlos Blvd. # 40
Fort Myers, Florida 33908**

04282004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3513402

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FREEMAN, PAUL H
19091 TAMiami TRAIL S.E.
FORT MYERS, FL 33908**

7. Name and Address of New Registered Agent

Name **Paul L Sapp**
P & M Property Management
15660 San Carlos Blvd. # 40
Fort Myers, Florida 33908
Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Paul L Sapp**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ANDERSON, HENRY A	
STREET ADDRESS	9100 PITTSBURGH BLVD.	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MONSEES, WILLIAM	
STREET ADDRESS	17571 STEPPING STONE DR.	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE	SD	<input type="checkbox"/> Delete
NAME	REDAVID, LYNN	
STREET ADDRESS	9031 PITTSBURGH BLVD.	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TACOMINI, ALFRED	
STREET ADDRESS	9020 PITTSBURGH BLVD.	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE	D	<input type="checkbox"/> Delete
NAME	TINGLE, PHIL	
STREET ADDRESS	9201 PITTSBURGH BLVD.	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE	D	<input type="checkbox"/> Delete
NAME	OLIVE, FRANK	
STREET ADDRESS	17311 STEPPING STONE DRIVE	
CITY-ST-ZIP	FORT MYERS, FL 33912	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04

Date

Daytime Phone #