

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 754770 (6)

1. Corporation Name  
**LOCHMOOR VILLAS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: C/O JOHN W. MCMILLIN, 1950 COURTNEY DR., SUITE 204, FORT MYERS FL 33901, US  
Mailing Address: % MARQUIS MANAGEMENT, INC., 12563 NEW BRITTANY BLVD., FT. MYERS FL 33907

2. Principal Place of Business: 21 12661 NEW BRITTANY BLVD, 22 Suite, Apt. #, etc.  
2a. Mailing Address: 26 12661 NEW BRITTANY BLVD, 27 Suite, Apt. #, etc.  
23 City & State: FT. MYERS, FL  
28 City & State: FT. MYERS, FL  
24 Zip: 33907, 25 Country: U.S.A., 29 Zip: 33907, 30 Country: U.S.A.

3. Date Incorporated or Qualified: 10/22/1980  
3a. Date of Last Report: 05/01/1995  
4. FEI Number: 59-2212017  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes [X] No [ ]

9. Name and Address of Current Registered Agent: STILPHEN, PETER A., 12563 NEW BRITTANY BLVD., FORT MYERS FL 33907  
10. Name and Address of New Registered Agent: 81 Name: STILPHEN, PETER A. % MARQUIS Mgmt., 82 Street Address (P.O. Box Number is Not Acceptable): 12661 NEW BRITTANY BLVD, 83, 84 City: FL, 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  
SIGNATURE: Peter A. Stilphen, PETER A. STILPHEN, 3/22/96 (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	NAME: SZELEST, FRANK	1.1 TITLE:	
STREET ADDRESS: 8841-107 COLLEGE PARKWAY	CITY-ST-ZIP: FORT MYERS FL 33919	1.2 NAME:	
TITLE: VD	NAME: MYERS, JERRY	1.3 STREET ADDRESS:	
STREET ADDRESS: 4757 A1 ORANGE GROVE BLVD.	CITY-ST-ZIP: FT. MYERS FL 33903	1.4 CITY-ST-ZIP:	
TITLE: STD	NAME: SIKORSKI, ELEANOR	2.1 TITLE: DST	
STREET ADDRESS: 4757-8 ORANGE GROVE BLVD.	CITY-ST-ZIP: N FT MYERS FL	2.2 NAME:	
TITLE:	NAME:	2.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	2.4 CITY-ST-ZIP:	
TITLE:	NAME:	3.1 TITLE: DV	
STREET ADDRESS:	CITY-ST-ZIP:	3.2 NAME: RODRIGUES, DAVID	
TITLE:	NAME:	3.3 STREET ADDRESS: 4769-4 ORANGE GROVE BLVD	
STREET ADDRESS:	CITY-ST-ZIP:	3.4 CITY-ST-ZIP: N. FT. MYERS, FL 33903	
TITLE:	NAME:	4.1 TITLE: D	
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME: YOUNGMAN, RUTH	
TITLE:	NAME:	4.3 STREET ADDRESS: 4745-7 ORANGE GROVE	
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP: N. FT MYERS, FL 33903	
TITLE:	NAME:	5.1 TITLE: D	
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME: GEARY, NENA	
TITLE:	NAME:	5.3 STREET ADDRESS: 4757-4 ORANGE GROVE BLVD	
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP: N. FT. MYERS, FL 33903	
TITLE:	NAME:	6.1 TITLE: Ruth A. Youngman	
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	
TITLE:	NAME:	6.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ruth A. Youngman, Ruth A. Youngman, 4/9/96, 441656-4182

CR2E037 (12/95)