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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 12661 NEW BRITTANY BLVD FT MYERS FL 33907 US
Mailing Address: 12661 NEW BRITTANY BLVD FT MYERS FL 33907-3631 US

3. Date Incorporated or Qualified: 10/22/1980
3a. Date of Last Report: 04/12/1996
2. Principal Place of Business: 21
2a. Mailing Address: 26
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
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

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: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P SZELEST, FRANK 8841-107 COLLEGE PARKWAY FORT MYERS FL 33919	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	13241-101 UNIVERSITY DR.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	FT MYERS, FL 33907
TITLE	DST MYERS, JERRY 4757 A1 ORANGE GROVE BLVD. FT. MYERS FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DV RODRIGUES, DAVID 4760 4 ORNAGE GROVE BLVD N FT MYERS FL	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	D L Y D E SPICER
STREET ADDRESS		3.3 STREET ADDRESS	4757 ORANGE GROVE BLVD
CITY-ST-ZIP		3.4 CITY-ST-ZIP	FT MYERS FL 33903
TITLE	D YOUNGMAN, RUTH 4745-7 ORNAGE GROVE N. FT MYERS FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D GEARY, NENA 4757-4 ORANGE GROVE BLVD N-FT MYERS FL	5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	KEITH TOBECK
STREET ADDRESS		5.3 STREET ADDRESS	1922 SE 21ST ST.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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: *[Signature]* 4-3-97 939-3461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0055502

CR2E037 (9/96)