

FILE NOW: FILING FEE IS \$61.25

FILED
May 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 754770 (6)
1. Corporation Name
LOCHMOOR VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
12661 NEW BRITANNY BLVD FT MYERS FL 33907 US
12661 NEW BRITANNY BLVD FT MYERS FL 33907 US

3. Date Incorporated or Qualified
10/22/1980
4. FEI Number
59-2212017
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Coral Property Management 26 Coral Property Management
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 826 SE 46th Land 27 826 SE 46th Lane
City & State City & State
23 Cape Coral, FL 33904 28 Cape Coral, FL 33904
Zip Country Zip Country
24 25 29 30

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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
STILWELL, PETER XXX MA
12661 NEW BRITANNY BLVD
FORT MYERS FL 33907 XXX

10. Name and Address of New Registered Agent
81 Name
Elaine Fitzgeorge
82 Street Address (P.O. Box Number is Not Acceptable)
C/O Coral Property Management Group
83 8*26 SE 46th Lane
84 City
Cape Coral FL 85 Zip Code
33904

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 *Elaine Fitzgeorge* DATE 5/25/98

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SZELEST, FRANK	
STREET ADDRESS	13241-101 UNIVERSITY DR	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	MYERS, JERRY	
STREET ADDRESS	4757 A1 ORANGE GROVE BLVD.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPICER, CLYDE	
STREET ADDRESS	4757 ORANGE GROVE BLVD	
CITY-ST-ZIP	FT. MYERS FL 33903	
TITLE	D	<input type="checkbox"/> DELETE
NAME	YOUNGMAN, RUTH	
STREET ADDRESS	4745-7 ORNAGE GROVE	
CITY-ST-ZIP	N. FT MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TOBECK, KEITH	
STREET ADDRESS	1922 S.E. 21ST STREET	
CITY-ST-ZIP	CAPE CORAL FL 33900	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TST
2.3 STREET ADDRESS	Foderquez, David
2.4 CITY-ST-ZIP	4757 Orange Grove Blvd Fort Myers, FL 33904
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *M. S. ...* 3-24-98 941-489-0444

CR2E037 (10/97)