

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90066 015 ****61.25

DOCUMENT # 754770

1. Entity Name

LOCHMOOR VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

CENTURY 21 SUNBELT REALTY
506 SW 47TH TERRACE
CAPE CORAL FL 33914
US

CENTURY 21 SUNBELT REALTY
506 SW 47TH TERRACE
CAPE CORAL FL 33914
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2212017

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZUNINO, AUGUST
C/O CENTURY 21 SUNBELT REALTY
506 SW 47TH TERRACE
CAPE CORAL FL 33914

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	TOBECK, KEITH	
STREET ADDRESS	5730 TRAILWIND DRIVE, UNIT #424	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	TS	<input checked="" type="checkbox"/> Delete
NAME	WEBER, CYNTHIA	
STREET ADDRESS	4769 ORANGE GROVE BLVD #H 2	
CITY-ST-ZIP	NORTH FORT MYERS FL 33903	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CONTI, JAMES	
STREET ADDRESS	115 FARNHAM LANE	
CITY-ST-ZIP	WESTFIELD MA 01085	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MORGAN, CAROL	
STREET ADDRESS	4773 ORANGE GROVE BLVD #C-5	
CITY-ST-ZIP	FORT MYERS FL 33903	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SMITH, KAREN	
STREET ADDRESS	4749 ORANGE GROVE BLVD #F-1	
CITY-ST-ZIP	NORTH FORT MYERS FL 33903	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DIRECTOR AT LARGE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHA COSTANZO	
STREET ADDRESS	4777 ORANGE GROVE BLVD. #I-10	
CITY-ST-ZIP	N. FORT MYERS, FL 33903	
TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAT COSTANZO	
STREET ADDRESS	4777 ORANGE GROVE BLVD #I-10	
CITY-ST-ZIP	N. FORT MYERS, FL 33903	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOSHIR MOTIVALA	
STREET ADDRESS	111 RIDGE RD	
CITY-ST-ZIP	NASHUA, NH 03062-1712	
TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERY HEDRICK	
STREET ADDRESS	4753 ORANGE GROVE BLVD #G-2	
CITY-ST-ZIP	N. FORT MYERS, FL 33903	
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: Pat Costanzo, Secretary of State 9/9/02

CR2E037 (4/02)

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DO NOT WRITE IN THIS SPACE