

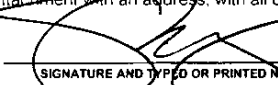


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 18, 2008 8:00 am
Secretary of State

06-18-2008 90001 004 ****61.25

DOCUMENT # 754770 1. Entity Name LOCHMOOR VILLAS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 12811 KENWOOD LN 210 FORT MYERS, FL 33907 US		Mailing Address P.O. BOX 60847 FORT MYERS, FL 33906 US	
2. Principal Place of Business - No P.O. Box # 5730 Trailwind Dr		3. Mailing Address Suite, Apt. #, etc.	
Suite, Apt. #, etc. 424		Suite, Apt. #, etc.	
City & State Fort Myers FL		City & State	
Zip 33907		Zip	
Country USA		Country	
4. FEI Number 59-2212017		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		06162008 Chg-NP CR2E037 (12/06) \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPRING, SHANE 12811 KENWOOD LN #211 FORT MYERS, FL 33907		7. Name and Address of New Registered Agent Name Shane Spring Street Address (P.O. Box Number is Not Acceptable) 5730 Trailwind Dr 424 City Fort Myers FL Zip Code 33907	
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 		DATE 6/10/08	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS	
TITLE P	NAME TOBECK, KEITH	STREET ADDRESS 5730 TRAIL WIND DR #424	CITY-ST-ZIP FORT MYERS, FL 33907
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Date 6/10/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	