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 # **762353** **(1)**

1. Corporation Name

LAKESIDE AT LOCHMOOR CONDOMINIUM ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
2069 W. LAKEVIEW BLVD. UNIT E-7 NORTH FORT MYERS FL 33903	2069 W LAKEVIEW BLVD BOX 12 NORTH FORT MYERS FL 33903 US

3. Date Incorporated or Qualified: 03/09/1982
3a. Date of Last Report: 04/12/1995

2. Principal Place of Business	2a. Mailing Address
21 2067 W. LAKEVIEW BLVD.	26 2069 W. LAKEVIEW BLVD.
Suite, Apt. #, etc. 22 D5	Suite, Apt. #, etc. 27 BOX 12
City & State 23 N. FT. MYERS, FL.	City & State 28 N. FT. MYERS, FL.
Zip / Country 24 33903 / 25 LEE	Zip / Country 29 33903 / 30 LEE

4. FEI Number: 59-2243864 ☐ Applied For ☐ Not Applicable

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 ☒ No

9. Name and Address of Current Registered Agent

WILLE, DONALD E.
2069 W. LAKEVIEW BLVD.
UNIT E-7
N FT MYERS FL 33903

10. Name and Address of New Registered Agent

81 Name: JANE R. HARNER
82 Street Address (P.O. Box Number is Not Acceptable): 2069 W. LAKEVIEW BLVD.
83: UNIT D-5
84 City: N. FT. MYERS **FL** 85 Zip Code: 33903

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: Jane R. Harner, Treasurer — DATE: 4/22/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	GREENE, JOYCE		1.2 NAME	SEE, JEAN	
STREET ADDRESS	2067 W LAKEVIEW BLVD. D-3		1.3 STREET ADDRESS	2067 W. LAKEVIEW BLVD. D4	
CITY-ST-ZIP	N. FT. MYERS FL		1.4 CITY-ST-ZIP	N. FT. MYERS, FL. 33903	
TITLE	D	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	PICKLER, PAT		2.2 NAME	EDWARDS, MARJORIE	
STREET ADDRESS	2067 W LAKEVIEW BLVD. D-8		2.3 STREET ADDRESS	12661 CHARTWELL DRIVE	
CITY-ST-ZIP	N. FT. MYERS FL		2.4 CITY-ST-ZIP	FT. MYERS, FL. 33912	
TITLE	VPD	☒ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	EDWARDS, A L		3.2 NAME	LAKE, BARBARA	
STREET ADDRESS	2067 W LAKEVIEW BLVD D-9		3.3 STREET ADDRESS	2069 W. LAKEVIEW BLVD., E11	
CITY-ST-ZIP	N. FT. MYERS FL		3.4 CITY-ST-ZIP	N. FT. MYERS, FL. 33903	
TITLE	TD	☒ DELETE	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	WILLE, DONALD E.		4.2 NAME	HARNER, JANE R.	
STREET ADDRESS	2069 W LAKEVIEW BLVD E-7		4.3 STREET ADDRESS	2069 W. LAKEVIEW BLVD, D5	
CITY-ST-ZIP	N.FORT MYERS FL		4.4 CITY-ST-ZIP	N. FT. MYERS, FL. 33903	
TITLE	PD	☒ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	BROWN, E		5.2 NAME	KOHEN, DOROTHY	
STREET ADDRESS	2065 W LAKEVIEW BLVD C6		5.3 STREET ADDRESS	2069 W. LAKEVIEW BLVD, E8	
CITY-ST-ZIP	N FT MYERS FL		5.4 CITY-ST-ZIP	N. FT. MYERS, FL. 33903	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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: Jane R. Harner, Treas. — 4/22/96 — 941-995-7058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #