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# FILED
# Jan 30 1998 8:00am
# Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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 WEST LAKEVIEW BLVD.<br>STE 12<br>NO FORT MYERS FL 33903<br>US | 2069 WEST LAKE VIEW BLVD.<br>BOX 12<br>NO FT MYERS FL 33903<br>US |

3. Date Incorporated or Qualified: 03/09/1982

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

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 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**

SMITH, MAUDE M
2069 W LAKEVIEW BLVD. BOX 12
UNIT D-5
NO FORT MYERS FL 33903

**10. Name and Address of New Registered Agent**

81 Name: D.E. WILLE
82 Street Address (P.O. Box Number is Not Acceptable): 2069 W. LAKEVIEW BLVD BOX 12
83: UNIT E-7
84 City: NO. FORT 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: Donald E. Wille — 1/22/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SEE, JEAN | | 1.2 NAME | | |
| STREET ADDRESS | 2067 W LAKEVIEW BLVD. D-3 | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | N. FT. MYERS FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | VD | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | PICHLER, PAT | | 2.2 NAME | | |
| STREET ADDRESS | 2067 W LAKEVIEW BLVD. STE D-8 | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NO FORT MYERS FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | SD | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | LAKE, BARBARA | | 3.2 NAME | | |
| STREET ADDRESS | 2069 W LAKEVIEW BLVD E-11 | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | N. FT. MYERS FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | TD | ☒ DELETE | 4.1 TITLE | TD | ☒ Change ☐ Addition |
| NAME | SMITH, MAUDE M | | 4.2 NAME | WILLE D.E. | |
| STREET ADDRESS | 2069 W LAKEVIEW BLVD. STE E-1 | | 4.3 STREET ADDRESS | 2069 W LAKEVIEW BLVD #E-7 | |
| CITY-ST-ZIP | NO FRT MYERS FL | | 4.4 CITY-ST-ZIP | NO. FRT MYERS FL | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | GREENE, JOYCE | | 5.2 NAME | | |
| STREET ADDRESS | 2067 W LAKEVIEW BLVD. STE D-3 | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NO FORT MYERS FL | | 5.4 CITY-ST-ZIP | | |
| 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 (10/97)

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:** SIGNATURE REQUIRED — LAKESIDE AT LOCHMOOR CONDOMINIUM ASSOCIATION INC — 1/6/98 — 941 995 1069
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #