

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90037 032 ****61.25

DOCUMENT # 762353

1. Entity Name

LAKESIDE AT LOCHMOOR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**2067 W LAKEVIEW BLVD
D12
N FT MYERS FL 33903
US**

Mailing Address

**2067 W LAKEVIEW BLVD
D12
N FT MYERS FL 33903
US**

2. Principal Place of Business

2069 W Lakeview Blvd

3. Mailing Address

2069 W Lakeview Blvd

Suite, Apt. #, etc.

E12

Suite, Apt. #, etc.

E12

City & State

No Fort Myers, Fl

City & State

No Fort Myers, Fl

Zip

33903

Country

US

Zip

33903

Country

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Wille, Donald

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

2069 W Lakeview Blvd E7

E7

City

No Fort Myers

FL

Zip Code

33903

**PRICE, ALFRED G JR
2067 W LAKEVIEW BLVD
D11
NO FORT MYERS FL 33903**

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **PRICE, ALFRED G JR**
STREET ADDRESS **2067 W LAKEVIEW BLVD D11**
CITY-ST-ZIP **NORTH FORT MYERS FL 33903**

TITLE **VD** ☐ Delete
NAME **SAMPAIR, SUSAN**
STREET ADDRESS **2067 W LAKEVIEW BLVD D9**
CITY-ST-ZIP **NORTH FORT MYERS FL 33903**

TITLE **TD** ☒ Delete
NAME **MELENDEZ, ALBERT A**
STREET ADDRESS **2067 W LAKEVIEW BLVD D7**
CITY-ST-ZIP **NORTH FORT MYERS FL 33903**

TITLE **SD** ☐ Delete
NAME **MIEURE, REBECA**
STREET ADDRESS **2069 W LAKEVIEW BLVD E6**
CITY-ST-ZIP **NORTH FORT MYERS FL 33903**

TITLE **D** ☒ Delete
NAME **WEBER, ROBERT**
STREET ADDRESS **2065 W LAKEVIEW BLVD C2**
CITY-ST-ZIP **N. FT. MYERS FL 33903**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **Wille, Donald**
STREET ADDRESS **2069 W Lakeview Blvd E7**
CITY-ST-ZIP **North Fort Myers, FL 33903**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☒ Change ☐ Addition
NAME **Nelson, Julia D.**
STREET ADDRESS **2067 W Lakeview Blvd D8**
CITY-ST-ZIP **North Fort Myers, FL 33903**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
NAME **Hayworth, Patricia**
STREET ADDRESS **2069 W Lakeview Blvd E6**
CITY-ST-ZIP **North Fort Myers, FL 33903**

TITLE ☐ Change ☐ 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:

Donald E. Wille
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald E. Wille

DATE

Daytime Phone #

2/20/04 (239) 995-1069