NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State
03-03-2003 90950 041 ****61.25

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DOCUMENT # 762353

1. Entity Name
LAKESIDE AT LOCHMOOR CONDOMINIUM ASSOCIATION, INC

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
2069 W LAKEVIEW BLVD	2069 W LAKEVIEW BLVD
Suite, Apt. #, etc.: D-12	Suite, Apt. #, etc.: D-12
City & State: NORTH FORT MYERS FL	City & State: NORTH FORT MYERS FL
Zip: 33903 Country: USA	Zip: 33903 Country: USA

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ALFRED G PRICE JR

Street Address (P.O. Box Number is Not Acceptable): 2067 W LAKEVIEW BLVD D-11

City: NORTH FORT MYERS **FL** Zip Code: 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25
Initial or Amended UBR

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D ALFRED G. PRICE JR 2067 W LAKEVIEW BLVD D-11 NORTH FORT MYERS FL 33903
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D SUSAN SAMPAIR 2067 W LAKEVIEW BLVD D-9 NORTH FORT MYERS FL 33903
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D ALBERT A MELENDEZ 2067 W LAKEVIEW BLVD D-7 NORTH FORT MYERS FL 33903
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D REBECA MIEURE 2069 W LAKEVIEW BLVD E-6 NORTH FORT MYERS FL 33903
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBERT WEBER 2065 W LAKEVIEW BLVD C-2 NORTH FORT MYERS FL 33903
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ ALBERT A MELENDEZ 02/28/2003 239-656-3043
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #