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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **754770 (6)**
1. Corporation Name
LOCHMOOR VILLAS CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
C/O JOHN W. MCMILLIN 1950 COURTNEY DR., SUITE 204 FORT MYERS FL 33901 US		C/O JOHN W. MCMILLIN 1950 COURTNEY DR., SUITE 204 FORT MYERS FL 33901 US	
21	2a. Principal Place of Business	26	2a. Mailing Address
22	21 Suite, Apt. #, etc.	27	26 Suite, Apt. #, etc.
23	21 City & State	28	26 City & State
24	21 Zip	29	26 Zip
25	21 Country	30	26 Country

3. Date Incorporated or Qualified	3a. Date of Last Report
10/22/1980	04/18/1994
4. FEI Number	Applied For
59-2212017	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCMILLIN, JOHN W. 4950 COURTNEY DR. SUITE 304 FORT MYERS FL 33901				PETER A STILPIEN 2563 NEW BRITANNY BLVD FT MYERS FL 33907			
B1	Name			B5	Zip Code		
B2	Street Address (P.O. Box Number is Not Acceptable)						
B3							
B4	City						

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 607.0505, Florida Statutes.

SIGNATURE: Peter A Stilpien PETER A STILPIEN DATE: 4/15/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMILLIN, JOHN W.	12 NAME	FRANK SZELEST
STREET ADDRESS	4950 COURTNEY DR., SUITE 204	13 STREET ADDRESS	8841-107 COLLEGE PARKWAY
CITY ST. ZIP	FORT MYERS FL	14 CITY ST. ZIP	FORT MYERS, FL 33919
TITLE	PD	21 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDMAN, CAROL LEE	22 NAME	JERRY MYERS
STREET ADDRESS	4950 COURTNEY DR., SUITE 204	23 STREET ADDRESS	4757-A1 ORANGE GROVE BLVD
CITY ST. ZIP	FT. MYERS FL	24 CITY ST. ZIP	N. FT. MYERS, FL 33903
TITLE	SD	31 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIKORSKI, ELEANOR	32 NAME	ELEANOR SIKORSKI
STREET ADDRESS	4757-B ORANGE GROVE BLVD.	33 STREET ADDRESS	4757-B ORANGE GROVE BLVD.
CITY ST. ZIP	N FT MYERS FL	34 CITY ST. ZIP	N. FT. MYERS, FL 33903
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST. ZIP		44 CITY ST. ZIP	700001490797
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST. ZIP		54 CITY ST. ZIP	05/17/95 01052 014
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST. ZIP		64 CITY ST. ZIP	

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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Eleanor Sikorski DATE: 3/3/95 (813)995-5073