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FILED  
Apr 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business: 12661 NEW BRITTANY BLVD FT MYERS FL 33907 US  
Mailing Address: 12661 NEW BRITTANY BLVD FT MYERS FL 33907-3631 US

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)

3. Date Incorporated or Qualified: 10/22/1980  
3a. Date of Last Report: 04/12/1996  
4. FEI Number: 59-2212017 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  
STILPHEN, PETER A C/O MA  
12661 NEW BRITTANY BLVD  
FORT MYERS FL 33907

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SZELEST, FRANK	1.2 NAME	
STREET ADDRESS	8841-107 COLLEGE PARKWAY	1.3 STREET ADDRESS	13241-101 UNIVERSITY DR.
CITY-ST-ZIP	FORT MYERS FL 33919	1.4 CITY-ST-ZIP	FT MYERS, FL 33907
TITLE	DST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, JERRY	2.2 NAME	
STREET ADDRESS	4757 A1 ORANGE GROVE BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	
TITLE	<del>DV</del>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>RODRIGUES, DAVID</del>	3.2 NAME	D LYNDE SPICER
STREET ADDRESS	<del>4760 4 ORNAGE GROVE BLVD</del>	3.3 STREET ADDRESS	4757 ORANGE GROVE BLVD
CITY-ST-ZIP	<del>N FT MYERS FL</del>	3.4 CITY-ST-ZIP	FT MYERS FL 33903
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNGMAN, RUTH	4.2 NAME	
STREET ADDRESS	4745-7 ORNAGE GROVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	N. FT MYERS FL	4.4 CITY-ST-ZIP	
TITLE	<del>D</del>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>GEARY, NENA</del>	5.2 NAME	KEITH TOBECK
STREET ADDRESS	<del>4757 4 ORANGE GROVE BLVD</del>	5.3 STREET ADDRESS	1922 SE 21ST ST.
CITY-ST-ZIP	<del>N FT MYERS FL</del>	5.4 CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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]* 4-3-97 939-3461  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0055502

CR2E037 (9/96)