

FILE NOW: FILING FEE IS \$61.25

FILED
May 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1998



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

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



Principal Place of Business Mailing Address
12661 NEW BRITANNY BLVD FT MYERS FL 33907 US
12661 NEW BRITANNY BLVD FT MYERS FL 33907 US

3. Date Incorporated or Qualified
10/22/1980
4. FEI Number
59-2212017
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Coral Property Management 26 Coral Property Management
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 826 SE 46th Land 27 826 SE 46th Lane
City & State City & State
23 Cape Coral, FL 33904 28 Cape Coral, FL 33904
Zip Country Zip Country
24 25 29 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
STILLNESS PETER XXX MA
12661 NEW BRITANNY BLVD
FORT MYERS FL 33907 XXX

10. Name and Address of New Registered Agent
81 Name
Elaine Fitzgeorge
82 Street Address (P.O. Box Number is Not Acceptable)
C/O Coral Property Management Group
83 8*26 SE 46th Lane
84 City
Cape Coral FL 85 Zip Code
33904

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 *Elaine Fitzgeorge* DATE 5/25/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|--|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | SZELEST, FRANK | |
| STREET ADDRESS | 13241-101 UNIVERSITY DR | |
| CITY-ST-ZIP | FORT MYERS FL 33907 | |
| TITLE | DST | <input checked="" type="checkbox"/> DELETE |
| NAME | MYERS, JERRY | |
| STREET ADDRESS | 4757 A1 ORANGE GROVE BLVD. | |
| CITY-ST-ZIP | FT. MYERS FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SPICER, CLYDE | |
| STREET ADDRESS | 4757 ORANGE GROVE BLVD | |
| CITY-ST-ZIP | FT. MYERS FL 33903 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | YOUNGMAN, RUTH | |
| STREET ADDRESS | 4745-7 ORNAGE GROVE | |
| CITY-ST-ZIP | N. FT MYERS FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | TOBECK, KEITH | |
| STREET ADDRESS | 1922 S.E. 21ST STREET | |
| CITY-ST-ZIP | CAPE CORAL FL 33900 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | TST |
| 2.3 STREET ADDRESS | Foderquez, David |
| 2.4 CITY-ST-ZIP | 4757 Orange Grove Blvd Fort Myers, FL 33904 |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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: *M. S. ...* 3-24-98 941-489-0444

CR2E037 (10/97)