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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **754770**

1. Corporation Name

LOCHMOOR VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

CORAL PROPERTY MAMANGEMNT
 826 SE 46TH LANE
 CAPE CORAL FL 33904
 US

CORAL PROPERTY MANAGEMENT
 826 SE 46TH LANE
 CAPE CORAL FL 33904
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/22/1980	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2212017	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip	29	Country		
25		30			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FITZGEORGE, ELAINE
 C/O CORAL PROPERTY MANAGEMENT GROUP
 826 SE 46TH LANE
 CAPE CORAL FL 33904

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 617.002 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: **4-15-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SZELEST, FRANK	1.2 NAME	
STREET ADDRESS	13241-101 UNIVERSITY DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33907	1.4 CITY-ST-ZIP	
TITLE	TST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODERQUEZ, DAVID	2.2 NAME	
STREET ADDRESS	4757 ORANGE GROVE BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33904	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPICER, CLYDE	3.2 NAME	
STREET ADDRESS	4757 ORANGE GROVE BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33903	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D-SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNGMAN, RUTH	4.2 NAME	TOBECK, KEITH
STREET ADDRESS	4745-7 ORNAGE GROVE	4.3 STREET ADDRESS	1922 SE 21st St.
CITY-ST-ZIP	N. FT MYERS FL	4.4 CITY-ST-ZIP	Cape Coral, FL 33900
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D-TREAS. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOBECK, KEITH	5.2 NAME	CORBIN, TROY
STREET ADDRESS	1922 S.E. 21ST STREET	5.3 STREET ADDRESS	9131 College Pkwy. Suite 13B
CITY-ST-ZIP	CAPE CORAL FL 33900	5.4 CITY-ST-ZIP	Ft. Myers, FL 33919
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D YOUNGMAN, RUTH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	4745 -7 Orange Grove Blvd.
STREET ADDRESS		6.3 STREET ADDRESS	N.Ft. Myers, FL 33903
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Keith Tobeck* DATE: **4-15-99** (941) 542-1384