

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
May 24, 2000 8:00 am
Secretary of State

05-01-2000 90027 039 ****61.25

DOCUMENT # 754770

1. Entity Name

LOCHMOOR VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

**CORAL PROPERTY MANAGEMENT
 826 SE 46TH LANE
 CAPE CORAL FL 33904-8818
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2212017

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	SZELEST, FRANK	
STREET ADDRESS	13241-101 UNIVERSITY DR	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	TST	<input type="checkbox"/> Delete
NAME	RODERQUEZ, DAVID	
STREET ADDRESS	4757 ORANGE GROVE BLVD	
CITY-ST-ZIP	FORT MYERS FL 33904	
TITLE	DT	<input type="checkbox"/> Delete
NAME	CORBIN, TROY	
STREET ADDRESS	9131 COLLEGE PKWY, SUITE 13B	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE	D	<input type="checkbox"/> Delete
NAME	YOUNGMAN, RUTH	
STREET ADDRESS	4745 7 ORANGE GROVE BLVD	
CITY-ST-ZIP	FT MYERS FL 33903	
TITLE	DS	<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		

TITLE	DR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D&D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECK, ALFRED	
STREET ADDRESS	826 SE 46TH LN	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALFRED BECK **ALFRED BECK** **4/21/00**

(941) 548-

2121

Daytime Phone #

CR 1 0/17 (3/99)