

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 754770

1. Entity Name

LOCHMOOR VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

Century 21 Sunbelt Realty

Suite, Apt. #, etc.
506 SW 47th Terrace

City & State
Cape Coral, FL 33914

Zip
33914

3. Mailing Address

Century 21 Sunbelt Realty

Suite, Apt. #, etc.
506 SW 47th Terrace

City & State
Cape Coral, FL 33914

Zip
33914



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2212017

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
ZUNINO, AUGUST

Street Address (P.O. Box Number is Not Acceptable)
C/O CENTURY 21 SUNBELT REALTY

506 S.W. 47th TERRACE

City
CAPE CORAL

FL

Zip Code
33914

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

TITLE P
NAME SZELEST, FRANK
STREET ADDRESS 13241-101 UNIVERSITY DR
CITY-ST-ZIP FORT MYERS FL 33907 ☒ Delete

TITLE TST
NAME RODERQUEZ, DAVID
STREET ADDRESS 4757 ORANGE GROVE BLVD
CITY-ST-ZIP FORT MYERS FL 33904 ☒ Delete

TITLE DT
NAME CORBIN, TROY
STREET ADDRESS 9131 COLLEGE PKWY., SUITE 13B
CITY-ST-ZIP FT. MYERS FL 33919 ☒ Delete

TITLE D
NAME YOUNGMAN, RUTH
STREET ADDRESS 4745 - 7 ORANGE GROVE BLVD
CITY-ST-ZIP N. FT MYERS FL 33903 ☒ Delete

TITLE DS
NAME TOBECK, KEITH
STREET ADDRESS 1922 S.E. 21ST STREET
CITY-ST-ZIP CAPE CORAL FL 33900 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME TOBECK, KEITH
STREET ADDRESS 5730 TRAILWIND DRIVE, UNIT # 424
CITY-ST-ZIP FORT MYERS, FL 33907 ☒ Change ☐ Addition

TITLE TS
NAME WEBER, CYNTHIA
STREET ADDRESS 4769 ORANGE GROVE BLVD. # H 2
CITY-ST-ZIP NORTH FORT MYERS, FL 33903 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME CONTI, JAMES
STREET ADDRESS 115 FARNHAM LANE
CITY-ST-ZIP WESTFIELD, MA 01085 ☒ Change ☐ Addition

TITLE D
NAME CAROL MORGAN
STREET ADDRESS 4773 ORANGE GROVE BLVD. # C-5
CITY-ST-ZIP N. FORT MYERS, FL 33903 ☐ Change ☒ Addition

TITLE VP
NAME SMITH, KAREN
STREET ADDRESS 4749 ORANGE GROVE BLVD # F-1
CITY-ST-ZIP NORTH FORT MYERS, FL 33903 ☐ Change ☒ Addition

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

Date

Daytime Phone #

CR2E037 (10/00)