

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90038 021 ****61.25

DOCUMENT # 754770

1. Entity 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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Century 21 Sunbelt Realty

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

City & State
Cape Coral, FL 33914

Zip Country
33914 US

3. Mailing Address

Century 21 Sunbelt Realty

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

City & State
Cape Coral, FL 33914

Zip Country
33914 US

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 State Zip Code
CAPE CORAL FL 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

4-13-01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOBECK, KEITH	
STREET ADDRESS	5730 TRAILWIND DRIVE, UNIT # 424	
CITY-ST-ZIP	FORT MYERS, FL 33907	
TITLE	TS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBER, CYNTHIA	
STREET ADDRESS	4769 ORANGE GROVE BLVD. # H 2	
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONTI, JAMES	
STREET ADDRESS	115 FARNHAM LANE	
CITY-ST-ZIP	WESTFIELD, MA 01085	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROL MORGAN	
STREET ADDRESS	4773 ORANG GROVE BLVD. # C-5	
CITY-ST-ZIP	N. FORT MYERS, FL 33903	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, KAREN	
STREET ADDRESS	4749 ORANGE GROVE BLVD # F-1	
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903	

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 of Ruth Youngman **3/27/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)