

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2002 8:00 am**  
**Secretary of State**

09-11-2002 90066 015 \*\*\*\*61.25

**DOCUMENT # 754770**

1. Entity Name

**LOCHMOOR VILLAS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

CENTURY 21 SUNBELT REALTY  
 506 SW 47TH TERRACE  
 CAPE CORAL FL 33914  
 US

Mailing Address

CENTURY 21 SUNBELT REALTY  
 506 SW 47TH TERRACE  
 CAPE CORAL FL 33914  
 US

979483



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

**ZUNINO, AUGUST**  
**C/O CENTURY 21 SUNBELT REALTY**  
**506 SW 47TH TERRACE**  
**CAPE CORAL FL 33914**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,**  
**min. will be \$236.25.**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>DIRECTOR AT LARGE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAMS</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARSHA COSTANZO</b>	
STREET ADDRESS	<b>4777 ORANGE GROVE BLVD. # I-10</b>	
CITY-ST-ZIP	<b>N. FORT MYERS, FL 33903</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAT COSTANZO</b>	
STREET ADDRESS	<b>4777 ORANGE GROVE BLVD # I-10</b>	
CITY-ST-ZIP	<b>N. FORT MYERS, FL 33903</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NOSHIR MOTIVALA</b>	
STREET ADDRESS	<b>111 RIDGE RD</b>	
CITY-ST-ZIP	<b>NASHUA, NH 03062-1712</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHERRY HEDRICK</b>	
STREET ADDRESS	<b>4753 ORANGE GROVE BLVD # G-2</b>	
CITY-ST-ZIP	<b>N. FORT MYERS, FL 33903</b>	
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: Pat Costanzo, Director 9/9/02

CR2E037 (4/02)