

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90371 017 \*\*\*\*61.25

**DOCUMENT # 754770**

1. Entity Name  
**LOCHMOOR VILLAS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**15660 SAN CARLOS BLVD  
#40  
FT. MYERS, FL 33908 US**

Mailing Address  
**15660 SAN CARLOS BLVD  
#40  
FT. MYERS, FL 33908 US**



2. Principal Place of Business

**12730 New Brittany Blvd**

Suite, Apt. #, etc.

**Suite 441**

City & State

**Fort Myers, FL**

Zip

**33907**

Country

**US**

3. Mailing Address

**12730 New Brittany Blvd**

Suite, Apt. #, etc.

**Suite 441**

City & State

**Fort Myers, FL**

Zip

**33907**

Country

**US**

04132006 Chg-NP CR2E037 (11/05)

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

**P & M PROPERTY MANAGEMENT  
15660 SAN CARLOS BLVD #40  
FT. MYERS, FL 33908**

7. Name and Address of New Registered Agent

Name

**McLaughlin, Jonathan**

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

**12730 New Brittany Blvd Ste 441**

City

**Fort Myers**

FL

Zip Code

**33907**

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

**Jonathan McLaughlin, President**

**04/13/06**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25.  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
TOBECK, KEITH  
5730 TRAIL WIND DR #424  
FORT MYERS, FL 33907** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
NELSON, MAURICE  
1061 PIKE LAKE DR.  
NEW BRIGHTON, MN 55112** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CARRAS, BILL  
P O BOX 151756  
CAPE CORAL, FL 33915** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SMITH, KAREN  
4749 ORANGE GROVE BLVD  
N FT MYERS, FL 33908** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Jones, Diane  
4785 Orange Grove Blvd #5  
North Ft Myers, FL 33903** ☐ Change ☒ Addition

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

**Jonathan McLaughlin, CAM**

**04/13/06 239-333-1144**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #