

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**

3. Mailing Address
**12730 New Brittany Blvd
 Suite, Apt. #, etc.
 Suite 441**

04132006 Chg-NP CR2E037 (11/05)

City & State
Fort Myers, FL
 Zip
33907
 Country
US

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Fort Myers, FL
 Zip
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 Country
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

**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 *[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 | <input type="checkbox"/> Delete |
|-------|-----------------|-------------------------|------------------------|-------------------------------------|
| P | TOBECK, KEITH | 5730 TRAIL WIND DR #424 | FORT MYERS, FL 33907 | <input type="checkbox"/> |
| ST | NELSON, MAURICE | 1061 PIKE LAKE DR. | NEW BRIGHTON, MN 55112 | <input type="checkbox"/> |
| D | CARRAS, BILL | P O BOX 151756 | CAPE CORAL, FL 33915 | <input type="checkbox"/> |
| D | SMITH, KAREN | 4749 ORANGE GROVE BLVD | N FT MYERS, FL 33908 | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|--------------|---------------------------|--------------------------|---------------------------------|-------------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| D | Jones, Diane | 4785 Orange Grove Blvd #5 | North Ft Myers, FL 33903 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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: *[Signature]* **Jonathan McLaughlin, CAM** **04/13/06** **239-333-1144**
Signature and typed or printed name of signing officer or director Date Daytime Phone #