


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90419 025 ****61.25

DOCUMENT # 754770

1. Entity Name
LOCHMOOR VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**12730 NEW BRITTANY BLVD
 SUITE 441
 FORT MYERS, FL 33907 US**

Mailing Address
**12730 NEW BRITTANY BLVD
 SUITE 441
 FORT MYERS, FL 33907 US**

40089336



2. Principal Place of Business - No P.O. Box #
12811 Kenwood LN

3. Mailing Address
PO Box 60847

Suite, Apt. #, etc.
210

04202007 Chg-NP CR2E037 (12/06)

City & State
Ft Myers

City & State
Ft Myers

Zip
33907

Country
USA

Zip
33906

Country
USA

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

**MCLAUGHLIN, JONATHAN
 12730 NEW BRITTANY BLVD
 SUITE 441
 FORT MYERS, FL 33907**

7. Name and Address of New Registered Agent

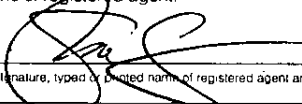
Name
Spring SHANE

Street Address (P.O. Box Number is Not Acceptable)
12811 Kenwood LN #211

City
Ft 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  DATE **4/23/07**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2007**

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 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST NELSON, MAURICE 1061 PIKE LAKE DR. NEW BRIGHTON, MN 55112 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CARRAS, BILL P O BOX 151756 CAPE CORAL, FL 33915 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JONES, DIANE 4785 ORANGE GROVE BLVD., #5 NORTH FORT MYERS, FL 33903 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE **4/23/07** DAYTIME PHONE # **239-333-1144**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR