

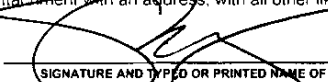


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 18, 2008 8:00 am**  
**Secretary of State**

06-18-2008 90001 004 \*\*\*\*61.25

<b>DOCUMENT # 754770</b>			
1. Entity Name <b>LOCHMOOR VILLAS CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>12811 KENWOOD LN 210 FORT MYERS, FL 33907 US</b>		Mailing Address <b>P.O. BOX 60847 FORT MYERS, FL 33906 US</b>	
2. Principal Place of Business - No P.O. Box # <b>5730 Trailwind Dr</b>		3. Mailing Address	
Suite, Apt. #, etc. <b>424</b>		Suite, Apt. #, etc.	
City & State <b>Fort Myers FL</b>		City & State	
Zip <b>33907</b> Country <b>USA</b>		Zip Country	
4. FEI Number <b>59-2212017</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SPRING, SHANE 12811 KENWOOD LN #211 FORT MYERS, FL 33907		Name <b>Shane Spring</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>5730 Trailwind Dr 424</b>	
		City <b>Fort Myers</b> FL Zip Code <b>33907</b>	
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 <b>6/10/08</b>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 <b>6/10/08</b> Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			