


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2003 8:00 am**  
**Secretary of State**

05-27-2003 90163 039 \*\*\*\*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**



CHECK HERE IF MAKING CHANGES

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 **Paola Zunino**  
Street Address (P.O. Box Number is Not Acceptable) **90 Century 21 Sunbelt Realty  
506 SW 47th Terr**  
City **Cape Coral** FL Zip Code **33914**

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 *Paola Zunino* DATE 5/21/03

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

**FILE NOW: FEE IS \$61.25**

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	<b>D</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>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>COSTANZO, MARSHA</b>	
STREET ADDRESS	<b>4777 ORANGE GROVE BLVD #1-10</b>	
CITY-ST-ZIP	<b>NORTH FORT MYERS FL 33903</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>COSTANZO, PAT</b>	
STREET ADDRESS	<b>4777 ORANGE GROVE BLVD #1-10</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33903</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MOTIVALA, NOSHIR</b>	
STREET ADDRESS	<b>111 RIDGE RD</b>	
CITY-ST-ZIP	<b>NASHUA NH 03062</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HEDRICK, SHERRY</b>	
STREET ADDRESS	<b>4753 ORANGE GROVE BLVD #G-2</b>	
CITY-ST-ZIP	<b>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>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Toback, Keith</b>	
STREET ADDRESS	<b>5730 Trailwinds Dr. #424</b>	
CITY-ST-ZIP	<b>Ft Myers, FL 33907</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>maurice Nelson</b>	
STREET ADDRESS	<b>1061 Pike lake Dr.</b>	
CITY-ST-ZIP	<b>New</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Ted Groessi</b>	
STREET ADDRESS	<b>1309 Division St</b>	
CITY-ST-ZIP	<b>Algoma, WI 54201</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Karen Smith</b>	
STREET ADDRESS	<b>4749 Orange Grove Blvd # F-1</b>	
CITY-ST-ZIP	<b>N. Ft. Myers, FL 33903</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>David long</b>	
STREET ADDRESS	<b>1691 Lakeside Terr</b>	
CITY-ST-ZIP	<b>N. Ft 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: *Keith Toback* **REQUIRED TOBECK** 5/21/03 (239) 936-9036

CR2E037 (10/02)