

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

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 740733 (1)**

1. Corporation Name

**LOCHMOOR CIVIC ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**4185 YARMOUTH CT.  
N FT MYERS FL 33903  
US**

**4185 YARMOUTH CT.  
N FT MYERS FL 33903  
US**

3. Date Incorporated or Qualified  
**11/09/1977**

3a. Date of Last Report  
**03/13/1995**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip Country

**28** Zip Country

**24** Zip

**25** Country

**29** Zip

**30** Country

4. FEI Number  
**65-0032689**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WEDDLE, A. B.  
4220 PERTH CT.  
N. FT. MYERS FL 33903**

**81** Name **LOUIS SPIND**

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

**4285 GLASGOW CT.**

**83**

**84** City

**NORTH FT. MYERS**

**FL**

**85** Zip Code

**33903**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

**LOUIS R. SPIND, PRESIDENT**

**4/15/96**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WEDDLE, A. B.	
STREET ADDRESS	4220 PERTH CT.	
CITY-ST-ZIP	N. FT MYERS FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SPINO, LOUIS	
STREET ADDRESS	4285 GLASGOW CT.	
CITY-ST-ZIP	N FT MYERS, FL 33903	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	O'KEEFE, ADELAIDE	
STREET ADDRESS	4315 GLASGOW CT.	
CITY-ST-ZIP	N FT MYERS, FL 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ARTIS, DONALD W.	
STREET ADDRESS	4185 YARMOUTH CT.	
CITY-ST-ZIP	N FT MYERS, FL <del>00000</del> 33903	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LONG, WILLIAM	
STREET ADDRESS	4195 YARMOUTH CT.	
CITY-ST-ZIP	N FT MYERS, FL 33903	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CORNFORTH, JACK	
STREET ADDRESS	4285 PERTH CT.	
CITY-ST-ZIP	N FT MYERS, FL 00000	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LOUIS SPIND	
1.3 STREET ADDRESS	4285 GLASGOW CT.	
1.4 CITY-ST-ZIP	NORTH FT. MYERS, FL 33903	
2.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JACK CORNFORTH	
2.3 STREET ADDRESS	4285 PERTH CT.	
2.4 CITY-ST-ZIP	NORTH FT. MYERS, FL 33903	
3.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GARY KOSHKO	
3.3 STREET ADDRESS	4220 GLASGOW CT.	
3.4 CITY-ST-ZIP	NORTH FT. MYERS, FL 33903	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	LEONARD HAGERTY	
5.3 STREET ADDRESS	1150 PRESTWICK CT.	
5.4 CITY-ST-ZIP	NORTH FT. MYERS, FL 33903	
6.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	JOAN MCGREGOR	
6.3 STREET ADDRESS	4190 YARMOUTH CT.	
6.4 CITY-ST-ZIP	NORTH FT. MYERS, FL 33903	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**Donald W. Artis**

**4/15/96**

Date

**(941) 656-1234**

Daytime Phone #

CR2E037 (12/95)