

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 20 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

4185 YARMOUTH CT.
N FT MYERS FL 33903
US

Mailing Address

4185 YARMOUTH CT.
N FT MYERS FL 33903-4944
US3. Date Incorporated or Qualified
11/09/19773a. Date of Last Report
04/19/1996

4. FEI Number

65-0032689

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. 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

~~SPINO, LOUIS
4285 GLASGOW CT
NORTH FT MYERS FL 33903~~

81 Name

CORNFORTH, JACK

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

4285 PERTH CT.

83

84 City

NORTH FORT MYERS

85

Zip Code

FL 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/17/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SPINO, LOUIS	
STREET ADDRESS	4385 GLASGOW CT	
CITY-ST-ZIP	NORTH FT MYERS FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CORNORTH, JACK	
STREET ADDRESS	4285 PERTH CT	
CITY-ST-ZIP	NORTH FT MYERS FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	KOSHKO, GERRY	
STREET ADDRESS	4220 GLASGOW CT	
CITY-ST-ZIP	NORTH FT MYERS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ARTIS, DONALD W.	
STREET ADDRESS	4185 YARMOUTH CT.	
CITY-ST-ZIP	N FT MYERS, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HAGERTY, LEONARD	
STREET ADDRESS	4150 PRESTWICK CT	
CITY-ST-ZIP	NORTH FT MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCGREGOR, JOAN	
STREET ADDRESS	4190 YARMOUTH CT	
CITY-ST-ZIP	NORTH FT MYERS FL	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CORNORTH, JACK	
1.3 STREET ADDRESS	4285 PERTH CT.	
1.4 CITY-ST-ZIP	NORTH FT. MYERS, FL 33903	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TEMPLETON, ROD	
2.3 STREET ADDRESS	4160 YARMOUTH CT.	
2.4 CITY-ST-ZIP	NORTH FT. MYERS, FL 33903	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HAGERTY, PAT	
3.3 STREET ADDRESS	4150 PRESTWICK 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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JENNINS, CHARLES	
5.3 STREET ADDRESS	4175 PRESTWICK CT.	
5.4 CITY-ST-ZIP	NORTH FT. MYERS, FL 33903	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	WEDDLE, A.B.	
6.3 STREET ADDRESS	4120 PERTH CT.	
6.4 CITY-ST-ZIP	NORTH FT. MYERS, FL 33903	

14. I do 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 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

3/17/97 (941) 656-1234

CR2E037 (9/96)