


FILE NOW: FILING FEE IS \$61.25

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Apr 22 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**

2. Principal Place of Business

2a. Mailing Address

**21 4175 Prestwick Ct**

**26 4175 Prestwick Ct**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

**23 N. Ft Myers FL**

**28 N. Ft Myers FL**

24 Zip

25 Country

29 Zip

30 Country

**33903**

**Lee**

**33903**

**Lee**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORNFORTH JACK-  
4285 PERTH CT  
NORTH FT MYERS FL 33903**

**81 Name TEMPLETON ROD**

**82 Street Address (P.O. Box Number is Not Acceptable)  
4160 Yarmouth Ct**

83

**84 City N. 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, if 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]*

*[Signature]*

**4/13/98**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	TEMPLETON ROD	
STREET ADDRESS	4160 YARMOUTH CT	
CITY-ST-ZIP	NORTH FT MYERS FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	CORNFORTH, JACK	
STREET ADDRESS	4285 PERTH CT	
CITY-ST-ZIP	NORTH FT MYERS FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HAGERTY PAT	
STREET ADDRESS	4150 PERSTWICK CT	
CITY-ST-ZIP	NORTH FT MYERS FL	
TITLE	T	<input checked="" 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	JENKINS CHARLES	
STREET ADDRESS	4175 PRESTWICK CT	
CITY-ST-ZIP	NORTH FT MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WEDDLE A.B.	
STREET ADDRESS	4220 PERTH CT	
CITY-ST-ZIP	NORTH FT MYERS FL	

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Templeton Rod	
1.3 STREET ADDRESS	4160 Yarmouth Ct	
1.4 CITY-ST-ZIP	N FT MYERS FL 33903	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Weddle A.B.	
2.3 STREET ADDRESS	4220 Perth Ct	
2.4 CITY-ST-ZIP	N FT MYERS FL 33903	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Day Marilyn	
3.3 STREET ADDRESS	4180 Prestwick Ct	
3.4 CITY-ST-ZIP	N Ft Myers FL 33903	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Jenkins Charles	
4.3 STREET ADDRESS	4175 Prestwick Ct	
4.4 CITY-ST-ZIP	N. Ft Myers FL 33903	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Do-Keefe Joe	
5.3 STREET ADDRESS	4315 Glasgow Ct	
5.4 CITY-ST-ZIP	N. Ft Myers FL 33903	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Cornforth Jack	
6.3 STREET ADDRESS	4285 Perth Ct	
6.4 CITY-ST-ZIP	N Ft Myers FL 33903	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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: *Charles D. Jenkins* Charles D. Jenkins 13 Apr 98 9416560544

CR2E037 (10/97)