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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 740733

1. Corporation Name

LOCHMOOR CIVIC ASSOCIATION, INC.

Principal Place of Business

4175 PRESTWICK CT
N FT MYERS FL 33903
US

Mailing Address

4175 PRESTWICK CT
N FT MYERS FL 33903
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

11/09/1977

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

9. Name and Address of Current Registered Agent

TEMPLETON, ROD
4160 YARMOUTH CT
NORTH FT MYERS FL 33903

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **TEMPLETON ROD**
STREET ADDRESS **4160 YARMOUTH CT**
CITY-ST-ZIP **NORTH FT MYERS FL 33903**

TITLE **V** ☐ DELETE

NAME **WEDDLE, A B**
STREET ADDRESS **4220 PERTH CT**
CITY-ST-ZIP **NORTH FT MYERS FL 33903**

TITLE **S** ☐ DELETE

NAME **DAY, MARILYN**
STREET ADDRESS **4180 PRESTWICK CT**
CITY-ST-ZIP **NORTH FT MYERS FL 33903**

TITLE **T** ☐ DELETE

NAME **JENKINS, CHARLES**
STREET ADDRESS **4175 PRESTWICK CT**
CITY-ST-ZIP **N FT MYERS, FL 00000 33903**

TITLE **D** ☒ DELETE

NAME **O'KEEFE, JOE**
STREET ADDRESS **4315 GLASGOW CT**
CITY-ST-ZIP **NORTH FT MYERS FL 33903**

TITLE **D** ☒ DELETE

NAME **CORNORTH, JACK**
STREET ADDRESS **4285 PERTH CT**
CITY-ST-ZIP **NORTH FT MYERS FL 33903**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D ☒ Change ☐ Addition

ELKINS DON
4240 Perth Court
N Ft Myers FL 33903

D ☒ Change ☐ Addition

GOLIGHTLY RALPH
4155 Prestwick Ct
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 119.07(3)(f), 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, with all other like empowered.

SIGNATURE:

Charles D. Jenkins 1-11-99 941656 0544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR02037-11/98