2001 UNIFORM BUSINESS REPORT (UBR) FILED Jun 21, 2001 8:00 am DOCUMENT # LOCHMOOR CIVIC ASSOCIATION, INC **Secretary of State** 06-21-2001 90003 026 ****61.25 Principal Place of Business Mailing Address 4160 YARMOUTH CT. SAME NO FT HYERS FI 33903 C0072125 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65-0032689 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KOD TEMPLETON Street Address (P.O. Box Number is Not Acceptable) 4166 YARMOUTH C+. No EX MYERS El 33903 Zip Code City 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. KOD IEMPLETON SIGNATURE . (NOTE: Registered Agent signature required when reinstating) name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. PRESIDENT ☐ Delete Change Addition TITLE MIKE CARRINGTON NAME NAME 4290 PERTH C+. STREET ADDRESS STREET ADDRESS MYERS,FI CITY-ST-ZIP CITY-ST-ZIP 33903 ☐ Addition ☐ Change ☐ Delete TITLE Tom Smith NAME 4175 PRESTWICK CT STREET ADDRESS STREET ADDRESS No FT MYERS FI 33903 CITY-ST-ZIP CITY-ST-ZIE DENICE CHASTAIN
4275 PARTH CT - Change - Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS No Et MYERS FI 33963 CITY-ST-ZIP. CITY-ST-ZIP TREASURER ☐ Addition ☐ Change TITLE TITLE KOD TEMPLETON NAME NAME 4 60 YARMOUTH CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP No F+ Myers, F1 33903 ☐ Change ☐ Addition TITI F BILL HAGER LT. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NO FT MYERS F1 35903 DIRECTOR Change Addition ☐ Delete TITLE JACK SCHNEIDER 4295 GLASGOW, CT. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP No Et MYERS F1 33903 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 hostee 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. KOD TEMPLETON