



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90039 032 \*\*\*\*61.25

<b>DOCUMENT # 740733</b> 1. Entity Name <b>LOCHMOOR CIVIC ASSOCIATION, INC.</b>					
Principal Place of Business <b>4295 GLASGOW CT</b> <b>N FT MYERS, FL 33903 US</b>				Mailing Address <b>4295 GLASGOW CT</b> <b>N FT MYERS, FL 33903 US</b>	
2. Principal Place of Business <b>4260 Perth Court</b> Suite, Apt. #, etc.		3. Mailing Address <b>4260 Perth Court</b> Suite, Apt. #, etc.		<b>40001942</b> 	
City & State <b>North Fort Myers, FL</b>		City & State <b>North Fort Myers</b>		4. FEI Number <b>65-0032689</b>	
Zip <b>33903</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SCHNEIDER, JACK</b> <b>4295 GLASGOW CT</b> <b>FORT MYERS, FL 33903</b>				7. Name and Address of New Registered Agent Name <b>Barbara D. Nightingale</b> Street Address (P.O. Box Number is Not Acceptable) <b>4260 Perth Court</b> City <b>North Fort Myers</b> <b>FL</b> Zip Code <b>33903</b>	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Barbara D. Nightingale</i></u> <span style="float: right;">1/12/05</span> <small>(NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is <b>\$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE P NAME SMITH, F.T. STREET ADDRESS 4175 PRESTWICK CT CITY-ST-ZIP NORTH FORT MYERS, FL 33903	<input checked="" type="checkbox"/> Delete		TITLE P NAME Schneider, Jack STREET ADDRESS 4295 Glasgow Court CITY-ST-ZIP North Fort Myers, FL 33903	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME BARNHART, DONNA STREET ADDRESS 4280 PERTH CT CITY-ST-ZIP NORTH FORT MYERS, FL 33903	<input checked="" type="checkbox"/> Delete		TITLE V NAME Wise, Mindy STREET ADDRESS 4205 Yarmouth Court CITY-ST-ZIP North Fort Myers, FL 33903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME SCHEIDER, JACK STREET ADDRESS 4295 GLASGOW CT CITY-ST-ZIP NORTH FT MYERS, FL 33903	<input checked="" type="checkbox"/> Delete		TITLE S NAME Emery, Andi STREET ADDRESS 4305 Glasgow Court CITY-ST-ZIP North Fort Myers, FL 33903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME SEDGWICK, DWIGHT STREET ADDRESS 4141 ORANGE GROVE BLVD. CITY-ST-ZIP NORTH FORT MYERS, FL 33903	<input type="checkbox"/> Delete		TITLE D NAME Sedgwick, Dwight STREET ADDRESS 4141 Orange Grove Boulevard CITY-ST-ZIP North Fort Myers, FL 33903	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME COOK, BARBARA STREET ADDRESS 4260 PERTH COURT CITY-ST-ZIP NORTH FT MYERS, FL 33903	<input checked="" type="checkbox"/> Delete		TITLE T NAME Nightingale, Barbara D. STREET ADDRESS 4260 Perth Court CITY-ST-ZIP North Fort Myers, FL 33903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME EMERY, TERRY STREET ADDRESS 4305 GLASGOW CT CITY-ST-ZIP NORTH FORT MYERS, FL 33903	<input checked="" type="checkbox"/> Delete		TITLE D NAME Mersch, Mike STREET ADDRESS 4210 Yarmouth Court CITY-ST-ZIP North Fort Myers, FL 33903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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 trustee 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.					
SIGNATURE: <u><i>Barbara D. Nightingale</i></u> <b>Barbara D. Nightingale, Treasurer</b>			1/12/05 239-997-0910 <small>Date Daytime Phone #</small>		