



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2006 8:00 am
Secretary of State

07-06-2006 90002 009 ****61.25

DOCUMENT # 740733 1. Entity Name LOCHMOOR CIVIC ASSOCIATION, INC.					
Principal Place of Business 4260 PERTH COURT N FT MYERS, FL 33903 US			Mailing Address 4260 PERTH COURT N FT MYERS, FL 33903 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0032689	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent NIGHTINGALE, BARBARA D 4260 PERTH COURT NORTH FORT MYERS, FL 33903				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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. I am familiar with, and accept the obligations of registered agent.				50021592 	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHNEIDER, JACK 4295 GLASGOW COURT NORTH FORT MYERS, FL 33903	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRADY, BRIAN 4226 YARMOUTH CT N. FT MYERS, FL 33903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WISE, MINDY 4205 YARMOUTH COURT NORTH FORT MYERS, FL 33903	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MERSCH, MIKE 4210 YARMOUTH CT N. FT. MYERS, FL 33903	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EMERY, ANDI 4305 GLASGOW COURT NORTH FT MYERS, FL 33903	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEDGWICK, DWIGHT 4141 ORANGE GROVE BLVD N FT MYERS, FL 33903	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NIGHTINGALE, BARBARA D 4260 PERTH COURT NORTH FT MYERS, FL 33903	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, F. T. 4175 PRESTWICK CT N. FT MYERS, FL 33903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERSCH, MIKE 4210 YARMOUTH COURT NORTH FORT MYERS, FL 33903	<input checked="" type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Barbara D. Nightingale</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			6/30/06 239-991-0910 <small>Date Daytime Phone #</small>		