

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2003 8:00 am
Secretary of State

05-30-2003 90081 028 ****61.25

DOCUMENT # 740733

1. Entity Name
LOCHMOOR CIVIC ASSOCIATION, INC.



Principal Place of Business

**4295 GLASGOW CT
N FT MYERS FL 33903
US**

Mailing Address

**4295 GLASGOW CT
N FT MYERS FL 33903
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0032689**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SCHNEIDER, JACK
4295 GLASGOW CT
FORT MYERS FL 33903**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

05/26/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 **P** ☒ Delete
NAME **FAHL, MICHAEL**
STREET ADDRESS **4350 GLASGOW CT**
CITY-ST-ZIP **FORT MYERS FL 33903**

TITLE **President** ☒ Change ☐ Addition
NAME **F. B. SMITH, III**
STREET ADDRESS **4175 PRESTWICK COURT**
CITY-ST-ZIP **N. Fort Myers, FL 33903**

TITLE **S** ☒ Delete
NAME **TEMPLETON, JANET**
STREET ADDRESS **4160 YARMOUTH CT**
CITY-ST-ZIP **FORT MYERS FL 33903**

TITLE **Secy** ☒ Change ☐ Addition
NAME **DONNA BARNHART**
STREET ADDRESS **4280 PERTH COURT**
CITY-ST-ZIP **N. Fort Myers, FL 33903**

TITLE **T** ☐ Delete
NAME **SCHEIDER, JACK**
STREET ADDRESS **4295 GLASGOW CT**
CITY-ST-ZIP **NORTH FT MYERS FL 33903**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **BARNHART, DONNA**
STREET ADDRESS **4280 PERTH CT**
CITY-ST-ZIP **N FT MYERS FL 33903**

TITLE **Vice President** ☒ Change ☐ Addition
NAME **Jeany Johnson**
STREET ADDRESS **4335 Glasgow CT**
CITY-ST-ZIP **N. Fort Myers, FL 33903**

TITLE **D** ☐ Delete
NAME **JOHNSON, GAIL**
STREET ADDRESS **4335 GLASGOW CT**
CITY-ST-ZIP **NORTH FT MYERS FL 33903**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **SMITH, TOM**
STREET ADDRESS **4175 PROSTWICK CT**
CITY-ST-ZIP **NORTH FT MYERS FL 33903**

TITLE **Director** ☐ Change ☐ Addition
NAME **A. B. Weddle**
STREET ADDRESS **4220 PERTH COURT**
CITY-ST-ZIP **N. FT. MYERS, FL 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 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: *Jack Schneider*

05/26/03

920-336-7821

CR2E037 (10/02)