


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90094 046 ****61.25

DOCUMENT # 741848

1. Entity Name
LOCH LOMOND CLUB SOUTH HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**C/O J & L PROPERTY MGMT., INC.
 10191 W. SAMPLE RD., STE. 203
 CORAL SPRINGS, FL 33065 US**

Mailing Address
**C/O J & L PROPERTY MGMT., INC.
 10191 W. SAMPLE RD., STE. 203
 CORAL SPRINGS, FL 33065 US**

40119



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

05012007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
59-1921551

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CALDERAZZO, JAMES
 C/O J & L PROPERTY MGMT., INC.
 10191 W. SAMPLE RD., STE. 203
 CORAL SPRINGS, FL 33065**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2007**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	AGUNER, JOSE	
STREET ADDRESS	3000 NW 5TH TERRACE	
CITY-ST-ZIP	POMPANO BEACH, FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BERTRAM, JAMES	
STREET ADDRESS	3001 NW 4TH TERR., #163	
CITY-ST-ZIP	POMPANO BEACH, FL 33064	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	HOSTETLER, MARTY	
STREET ADDRESS	3000 NW 5TH TERR	
CITY-ST-ZIP	POMPANO BEACH, FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Selessia McKay	
STREET ADDRESS	3001 NW 4th Terr # 157	
CITY-ST-ZIP	Pompano Beach, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *James S. Bertram*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____