'2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 8:00 am Secretary of State

☐ Change

Addition

DOCU							
DOCUMENT # 742342 1. Entity Name LOCHMOOR ON-THE-GREEN CONDOMINIUM ASSOCIATION, INC.		OMINIUM		(d)	Secretary of State 05-01-2006 90445 049 ****61.25		
	e of Business SS LAKES DR S, FL 33919	Mailing Address 9411 CYPRESS LAKES DR # 2 FORT MYERS, FL 33919			00 <i>31326</i>		
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Suite, Apt. PO Bo City & Stat	x 100399	Suite, Apt. #, etc. PO BOX LOO City & State	399	03282006 C	hg-NP CR2	2E037 (11/05)	plied For
CAPE C	DRAL, FL	CAPE CORAL	.FL	59-180079)3		t Applicable
Zip 3 33	Pro Country	33910	Country USA	5. Certificate of Si	tatus Desired	\$8.75 Add Fee Required	
	6. Name and Address of Current R		7. Name and Ado	ress of New Register	red Agent	·	
CRUZ, BRYAN 9411 CYPRESS LAKE DR			Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) So American Concommant Taxo				
# 2 FORT MY	ERS, FL 33919		40 P/C	ape Coral P	Dring In	#103	<u> </u>
			City Ce	DE COPAL	 	FL Zip Code	ग्रेग्य
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SIGNATURE	Signature, spoker prated an receive gatered agent as Filling Fee is \$61.25 Due by May 1, 2006	9. Election Campai Trust Fund Contr	ign Financing	\$5.00 May Be Added to Fees	Make ci	neck payable to	
SIGNATURE	Filing Fee is \$61.25	9. Election Campai Trust Fund Contr	ign Financing	\$5.00 May Be Added to Fees	Make ci	neck payable to epartment of St	ate
	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIRI	9. Election Campai Trust Fund Contr	ign Financing ribution.	\$5.00 May Be Added to Fees	Make ci Florida De	neck payable to epartment of St	ate
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12. I hereby certify that the information supplied with this filling 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 pitter tike empowered.

TIRE

NAME

STREET ADDRESS CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

SIGNATURE SIGNATURE AND TYPED OR PRINTED HAME OF BIGHING OFFICER OR DIRECTOR HELDST PLES 4/19/04 239-542-4404