


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90050 045 ****61.25

DOCUMENT # 742342					
1. Entity Name LOCHMOOR ON-THE-GREEN CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business % AMERICAN CONDO MGMT POB 100399 CAPE CORAL, FL 33910			Mailing Address % AMERICAN CONDO MGMT POB 100399 CAPE CORAL, FL 33910		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-1800793				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KASE, SUSAN CAM C/O AMERICAN CONDOMGMT INC 615 CAPE CORAL PKWY W 103 CAPE CORAL, FL 33914			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UNDERWOOD, LLOYD		NAME		
STREET ADDRESS	5917 LITTLE STONE CT		STREET ADDRESS		
CITY-ST-ZIP	N FT MYERS, FL		CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REDECKER, RANDY		NAME	VIRGINIA MASCHENIK	
STREET ADDRESS	5917 LITTLESTONE CRT 112		STREET ADDRESS	5917 Littlestone Ct #211	
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903		CITY-ST-ZIP	N.FT MYERS, FL 33903	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REMY, JUNE		NAME		
STREET ADDRESS	5917 LITTLESTONE CRT 101		STREET ADDRESS		
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELLA, KOTTKE		NAME		
STREET ADDRESS	5917 LITTLESTONE CT.		STREET ADDRESS		
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERBST, GEORGE R		NAME		
STREET ADDRESS	5917 LITTLESTONE CT. #119		STREET ADDRESS		
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>George R Herbst</i>		<i>George R Herbst</i>		3/14/07 239-6569652	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

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