

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742342

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: LOCHMOOR ON-THE-GREEN CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

% AMERICAN CONDO MGMT  
615 CAPE CORAL PKWY W 103  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

% AMERICAN CONDO MGMT  
POB 100399  
CAPE CORAL, FL 33910

**New Mailing Address:**

FEI Number: 59-1800793      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KASE, SUSAN CAM  
C/O AMERICAN CONDOMGMT INC  
615 CAPE CORAL PKWY W 103  
CAPE CORAL, FL 33914 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: UNDERWOOD, LLOYD  
Address: 5917 LITTLE STONE CT  
City-St-Zip: N FT MYERS, FL

Title: STD ( ) Delete  
Name: MASCHENIK, VIRGINIA  
Address: 5917 LITTELSTONE CT SUITE 211  
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: D ( ) Delete  
Name: REMY, JUNE  
Address: 5917 LITTLESTONE CRT 101  
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: D ( ) Delete  
Name: REIMER, JAMES  
Address: 5917 LITTLESTONE CT.  
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: PD ( ) Delete  
Name: HERBST, GEORGE R  
Address: 5917 LITTLESTONE CT. #119  
City-St-Zip: NORTH FORT MYERS, FL 33903

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE R. HERBST

PRES

04/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date