

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742342

FILED
Apr 22, 2010
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
Name: UNDERWOOD, LLOYD
Address: 5917 LITTLE STONE CT
City-St-Zip: N FT MYERS, FL

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

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

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

Title: D
Name: TRAVIS, CONNIE
Address: 5917 LITTLESTONE CT.
City-St-Zip: NORTH FORT MYERS, FL 33903

I hereby 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 all other like empowered.

SIGNATURE: VIRGINIA MASCHENIK

P

04/22/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date