


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

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| <b>DOCUMENT # 745368</b><br>1. Entity Name<br>LOCKWOOD-TERRACE CONDOMINIUM ASSOCIATION, INC. |  |
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| Principal Place of Business<br>7399 CONSTITUTION CIRCLE<br>FT. MYERS, FL 33967 | Mailing Address<br>7399 CONSTITUTION CIRCLE<br>FT. MYERS, FL 33967 |
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01252007 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number<br>59-1867696  | Applied For<br>Not Applied |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                            |

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| 6. Name and Address of Current Registered Agent<br><br>ADAMS, JOSEPH E., ESQUIRE<br>14241 METROPOLIS AVE<br>SUITE 100<br>FT MYERS, FL 33912-0000 |
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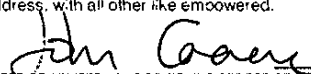
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| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. |
| SIGNATURE _____<br><small>Signature, handwritten name of registered agent and the business name of the registered agent, and the date.</small>  |

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| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | SFC<br>LUDWIG, DORENE<br>7391 CONSTITUTION CIR, A-1<br>FORT MYERS< FL 33967  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | VPD<br>HALL, NORRIS<br>7395 S CONSTITUTION CIR, C-17<br>FORT MYERS, FL 33967 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | P<br>GREENE, JOHN<br>7391 CONSTITUTION CIR, A-2<br>FT. MYERS, FL 33967       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | TRES<br>FARQUHAR, JACK<br>7391 CONSTITUTION CIR, A-5<br>FT MYERS, FL 33967   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | D<br>THOMAS, EDWIN<br>7395 CONSTITUTION CIRCLE, D-28<br>FORT MYERS, FL 33967 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |  |

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03/29/07-80012-001 61.25

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| 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. |
| <b>SIGNATURE:</b> JOHN GREENE <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |
| 01/25/2007 239-415-4526<br><small>Date</small>   |