2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745368

FILED Jan 16, 2009 Secretary of State

Entity Name: LOCKWOOD-TERRACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 7399 CONSTITUTION CIRCLE FT. MYERS, FL 33967 **Current Mailing Address: New Mailing Address:** 7399 CONSTITUTION CIRCLE FT. MYERS, FL 33967 FEI Number: 59-1867696 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ADAMS, JOSEPH E., ESQUIRE 14241 METROPOLIS AVE SUITE 100 FT MYERS, FL 339120000 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition FARQUHAR, JOHN KERNS, SHARON Name: Name: 7391 CONSTITUTION CIR A-5 Address: 7391 CONSTITUTION CIR B-16 Address: City-St-Zip: FT MYERS, FL 33967 City-St-Zip: FT MYERS, FL 33967 Title: () Delete Title: (X) Change () Addition HALL, NORRIS Name: HALL, NORRIS Name: Address: 7395 S CONSTITUTION CIR. C-17 Address: 7395 S CONSTITUTION CIR. C-17 City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: FORT MYERS, FL 33912 Title: () Delete Title: (X) Change () Addition GREENE, JOHN GREENE, JOHN Name: Name: 7391 CONSTITUTION CIR, A-2 7391 CONSTITUTION CIR, A-4 Address: Address: City-St-Zip: FT. MYERS, FL 33967 City-St-Zip: FT. MYERS, FL 33967 Title: () Delete Title: () Change () Addition Name: THOMAS, EDWIN Name: 7397 CONSTITUTION CIR D-28 Address: Address: City-St-Zip: FT. MYERS, FL 33967 City-St-Zip: Title: () Delete Title: () Change (X) Addition BRICE, EILEEN Name: Name: 7391 CONSTITUTION CIRCLE, UNIT A-3 Address: Address: City-St-Zip: City-St-Zip: FT. MYERS, FL 33967

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: JOHN GREENE PRES 01/16/2009