


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90419 025 ****61.25

DOCUMENT # 754770	
1. Entity Name LOCHMOOR VILLAS CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 12730 NEW BRITTANY BLVD SUITE 441 FORT MYERS, FL 33907 US	Mailing Address 12730 NEW BRITTANY BLVD SUITE 441 FORT MYERS, FL 33907 US
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40089334



2. Principal Place of Business - No P.O. Box # 12811 Kenwood LN	3. Mailing Address PO Box 60847
Suite, Apt. #, etc. 210	Suite, Apt. #, etc.

04202007 Chg-NP CR2E037 (12/06)

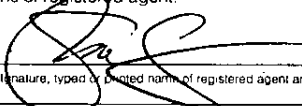
City & State Ft Myers	City & State Ft Myers
Zip 33907	Country USA

4. FEI Number 59-2212017	Applied For <input type="checkbox"/> Not Applicable
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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 MCLAUGHLIN, JONATHAN 12730 NEW BRITTANY BLVD SUITE 441 FORT MYERS, FL 33907	
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7. Name and Address of New Registered Agent	
Name Spring Shave	
Street Address (P.O. Box Number is Not Acceptable) 12811 Kenwood LN #211	
City Ft Myers	FL Zip Code 33907

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 4/23/07

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
P TOBECK, KEITH 5730 TRAIL WIND DR #424 FORT MYERS, FL 33907	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
ST NELSON, MAURICE 1061 PIKE LAKE DR. NEW BRIGHTON, MN 55112	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
D CARRAS, BILL P O BOX 151756 CAPE CORAL, FL 33915	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
D JONES, DIANE 4785 ORANGE GROVE BLVD., #5 NORTH FORT MYERS, FL 33903	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE 4/23/07	Daytime Phone # 239-333-1144
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