

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762353

FILED
Mar 19, 2009
Secretary of State

Entity Name: LAKESIDE AT LOCHMOOR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2069 W LAKEVIEW BLVD
E12
NORTH FT MYERS, FL 33903 US

New Principal Place of Business:

Current Mailing Address:

2069 W LAKEVIEW BLVD
E12
NORTH FT MYERS, FL 33903 US

New Mailing Address:

FEI Number: 59-2243864

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRICE, ALFRED G JR
2067 W LAKEVIEW BLVD
D11
NO FORT MYERS, FL 33903 US

Name and Address of New Registered Agent:

BURCH, BARBARA J
2069 W LAKEVIEW BLVD
E-9
NORTH FORT MYERS, FL 33903 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: BARBARA J BURCH

03/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PRICE, ALFRED G JR
Address: 2067 W LAKEVIEW BLVD D11
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: VD () Delete
Name: MARQUIS, CHARLES
Address: 2067 W LAKEVIEW BLVD D2
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: TD () Delete
Name: BURCH, BARBARA
Address: 2069 W LAKEVIEW BLVD E9
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: SD () Delete
Name: WORFORD, JOYCE
Address: 2067 W. LAKEVIEW BLVD D3
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: D (X) Delete
Name: HAYWORTH, PATRICIA
Address: 2069 W LAKEVIEW BLVD E6
City-St-Zip: N. FT. MYERS, FL 33903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: PRICE, ALFRED G JR
Address: 2067 W LAKEVIEW BLVD D11
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: PD (X) Change () Addition
Name: MARQUIS, CHARLES
Address: 2067 W LAKEVIEW BLVD D2
City-St-Zip: NORTH FORT MYERS, FL 33903

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

Title: SC (X) Change () Addition
Name: CANTRELL, TERESA
Address: 2065 W. LAKEVIEW BLVD C1
City-St-Zip: NORTH FORT MYERS, FL 33903

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: BARBARA J BURCH, TREASURER

TD

03/19/2009

Electronic Signature of Signing Officer or Director

Date