FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 770710 (2)

1. Corporation Name

LOCKMAR ESTATES HOMEOWNERS ASSOCIATION, INCORPOR ATED

Principal Place of Business	Mailing Address
P.O. BOX 061387 PALM BAY FL 32906-8387	P.O. BOX 061387 PALM BAY FL 32906-8387

3. Date Incorporated or Qualified: 10/12/1983
3a. Date of Last Report: 08/14/1995

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-2386427 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HERR, FRANCIS B.
200 SALMON DRIVE, N.E.
PALM BAY FL 32907

10. Name and Address of New Registered Agent

81 Name: Nora Deju
82 Street Address (P.O. Box Number is Not Acceptable): 156 Driskell St NE
83: Palm Bay
84 City: Palm Bay FL 85 Zip Code: 32907

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Nora Deju — 1/24/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	Pres.	☒ Change ☐ Addition
NAME	MARION, PEGGY		1.2 NAME		
STREET ADDRESS	210 SALMON DR NE		1.3 STREET ADDRESS	Horst Debbert 974 Piedmont Ave NE	
CITY-ST-ZIP	PALM BAY FL		1.4 CITY-ST-ZIP	Palm Bay FL 32907	
TITLE	VD	☒ DELETE	2.1 TITLE	V.P. Pres..	☒ Change ☐ Addition
NAME	BAYER, TERRY		2.2 NAME		
STREET ADDRESS	781 JUNAN ST. N.E.		2.3 STREET ADDRESS	Charles Christy 298 Jaro St NE	
CITY-ST-ZIP	PALM BAY FL		2.4 CITY-ST-ZIP	Palm Bay FL 32907	
TITLE	D	☒ DELETE	3.1 TITLE	Nora Deju Sec.	☒ Change ☐ Addition
NAME	HAINES, EARL		3.2 NAME		
STREET ADDRESS	1101 PEACOCK AVE. N.E.		3.3 STREET ADDRESS	156 Driskell St NE	
CITY-ST-ZIP	PALM BAY FL		3.4 CITY-ST-ZIP	Palm Bay FL 32907	
TITLE	~~D~~ Pres.	☐ DELETE	4.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME	HORST, DEBBERT		4.2 NAME	Susan Adkins	
STREET ADDRESS	974 PIEDMONT AVE. NE		4.3 STREET ADDRESS	227 Jaro St NE	
CITY-ST-ZIP	PALM BAY FL 32907		4.4 CITY-ST-ZIP	Palm Bay FL 32907	
TITLE	~~TD~~ Director	☐ DELETE	5.1 TITLE	Fred Weinert Director	☒ Change ☐ Addition
NAME	WEINERT, FRED		5.2 NAME	1020 Piedmont Ave.	
STREET ADDRESS	1020 PIEDMONT AVE.		5.3 STREET ADDRESS	Palm Bay, FL	
CITY-ST-ZIP	PALM BAY FL 32907		5.4 CITY-ST-ZIP	32907	
TITLE	~~SD~~ Director	☐ DELETE	6.1 TITLE	Director	☒ Change ☐ Addition
NAME	STANNARD, JAY		6.2 NAME	Jay Stannard	
STREET ADDRESS	198 DICKINSON ST. NE		6.3 STREET ADDRESS	198 Dickinson St NE	
CITY-ST-ZIP	PALM BAY FL 32907		6.4 CITY-ST-ZIP	Palm Bay FL 32907	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Susan Adkins — 1-25-96 — 407 768-6223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #