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Mar 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **770710** (2)

1. Corporation Name

LOCKMAR ESTATES HOMEOWNERS ASSOCIATION, INCORPORATED

Principal Place of Business

Mailing Address

P.O. BOX 061387
PALM BAY FL 32906-8387

P.O. BOX 061387
PALM BAY FL 32906-1387



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/12/1983	3a. Date of Last Report 01/31/1996
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number 59-2386427	Applied For ☐ Not Applicable
25. Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
29. Suite, Apt. #, etc.	30. City & State	31. Zip	32. Country	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No					

9. Name and Address of Current Registered Agent

DEJII, NORA
156 DRISKALL ST NE
PALM BAY FL 32907

10. Name and Address of New Registered Agent

81. Name **PIERCE, LUCIA**
82. Street Address (P.O. Box Number is Not Acceptable)
261 PEAKE ST NE
83.
84. City **PALM BAY** **FL** 85. Zip Code **32907**

11. Pursuant to the provisions of Sections 617.05(2) 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 *Lucia Pierce* DATE **3-16-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP ☒ DELETE	1.1 TITLE	VP ☒ Change ☐ Addition
NAME	CHARLOS, CHRISTY	1.2 NAME	KING, CHRISTOPHER
STREET ADDRESS	298 JARO ST NE	1.3 STREET ADDRESS	838 NELSON AVE NE
CITY-ST-ZIP	PALM BAY FL	1.4 CITY-ST-ZIP	PALM BAY, FL
TITLE	S ☒ DELETE	2.1 TITLE	SECRETARY ☒ Change ☐ Addition
NAME	DEJII, NORA	2.2 NAME	BURGIN, PATRICIA
STREET ADDRESS	156 DRISKALL ST NE	2.3 STREET ADDRESS	474 NYDER ST NE
CITY-ST-ZIP	PALM BAY FL	2.4 CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	T ☒ DELETE	3.1 TITLE	TRIAS ☒ Change ☐ Addition
NAME	ADKINS, SUSAN	3.2 NAME	PIERCE, LUCIA
STREET ADDRESS	227 JARO ST NE	3.3 STREET ADDRESS	261 PEAKE ST NE
CITY-ST-ZIP	PALM BAY FL	3.4 CITY-ST-ZIP	PALM BAY FL 32907
TITLE	P ☒ DELETE	4.1 TITLE	P ☒ Change ☐ Addition
NAME	HORST, DEBBERT	4.2 NAME	HOBBS, MICHAEL
STREET ADDRESS	974 PIEDMONT AVE. NE	4.3 STREET ADDRESS	700 PINEDA AVE NE
CITY-ST-ZIP	PALM BAY FL	4.4 CITY-ST-ZIP	PALM BAY FL 32907
TITLE	D ☒ DELETE	5.1 TITLE	DOBRIEN DAVID ☒ Change ☐ Addition
NAME	WEINERT, FRED	5.2 NAME	833 HARTZ ST NE
STREET ADDRESS	1020 PIEDMONT AVE.	5.3 STREET ADDRESS	PALM BAY, FL 32907
CITY-ST-ZIP	PALM BAY FL	5.4 CITY-ST-ZIP	
TITLE	D ☒ DELETE	6.1 TITLE	P ☒ Change ☐ Addition
NAME	STANNARD, JAY	6.2 NAME	BOHMAN, ROE
STREET ADDRESS	198 DICKINSON ST. NE	6.3 STREET ADDRESS	514 NELSON AV NE
CITY-ST-ZIP	PALM BAY FL	6.4 CITY-ST-ZIP	PALM BAY FL

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 unchanged, or on an attachment with an address.

SIGNATURE: *Lucia Pierce* (407) 724-6997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0018795

CR2E037 (9/96)