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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 770710

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

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

3. Date Incorporated or Qualifed: 10/12/1983

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

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

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

9. Name and Address of Current Registered Agent

DALE, ANDREA
342 PEPPER ST NE
PALM BAY FL 32907

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 Andrea Dale Treasurer 3-2-99
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	D	☑ DELETE	1.1 TITLE	D	☐ Change ☑ Addition
NAME	CHRISTOPHER KING		1.2 NAME	Jephthah Ashmeade	
STREET ADDRESS	838 NELSON AVE NE		1.3 STREET ADDRESS	955 Sierra Place	
CITY-ST-ZIP	PALM BAY FL		1.4 CITY-ST-ZIP	Palm Bay FL 32907	
TITLE	S	☑ DELETE	2.1 TITLE	S	☐ Change ☑ Addition
NAME	BOIKO, GEN		2.2 NAME	Sue Tallet	
STREET ADDRESS	826 NELSON AVE		2.3 STREET ADDRESS	125 Nemo Circle	
CITY-ST-ZIP	PALM BAY FL 32907		2.4 CITY-ST-ZIP	Palm Bay FL 32907	
TITLE	T	☐ DELETE	3.1 TITLE	D	☐ Change ☑ Addition
NAME	DALE, ANDREA		3.2 NAME	Don LaFortune	
STREET ADDRESS	342 PEPPER ST NE		3.3 STREET ADDRESS	702 Corona Ave	
CITY-ST-ZIP	PALM BAY FL 32907		3.4 CITY-ST-ZIP	Palm Bay FL 32907	
TITLE	D	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HOBBS, MICHAEL		4.2 NAME		
STREET ADDRESS	700 PINEDA AVE NE		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL		4.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	D'OBRIEN DAVID		5.2 NAME		
STREET ADDRESS	833 HAFTEZ ST NE		5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CALDWELL, JEAN		6.2 NAME		
STREET ADDRESS	807 EMERSON DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL 32907		6.4 CITY-ST-ZIP		

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Andrea Dale SIGNATURE REQUIRED Andrea Dale 3-2-99 726-9680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)