

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770710

1. Entity Name

LOCKMAR ESTATES HOMEOWNERS ASSOCIATION, INCORPOR

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DALE, ANDREA
342 PEPPER ST NE
PALM BAY FL 32907

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	ASHMEADE, JEPHTHAH	
STREET ADDRESS	955 SIERRA PL	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	TALLET, SUE	
STREET ADDRESS	125 NEMO CIR	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	T	<input type="checkbox"/> Delete
NAME	DALE, ANDREA	
STREET ADDRESS	342 PEPPER ST NE	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAFORTUNE, DON	
STREET ADDRESS	702 CORONA AVE	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	D	<input type="checkbox"/> Delete
NAME	CALDWELL, JEAN	
STREET ADDRESS	807 EMERSON DR	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Betty Goldberg	
STREET ADDRESS	437 Narragansett St NE	
CITY-ST-ZIP	Palm Bay FL 32907	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Andrea Dale	
STREET ADDRESS	342 Pepperst. NE	
CITY-ST-ZIP	Palm Bay FL 32907	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frederick J Dale	
STREET ADDRESS	342 Pepper street NE	
CITY-ST-ZIP	Palm Bay FL 32907	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/00

Date

407-726-9680

Daytime Phone #

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90022 014 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2386427

Applied For

Not Applicable

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

CR2E037 (9/99)