2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#770710

FILED Jan 17, 2006 Secretary of State

Entity Name: LOCKMAR ESTATES HOMEOWNERS ASSOCIATION, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 061387

PALM BAY, FL 329068387

Current Mailing Address: New Mailing Address:

P.O. BOX 061387 PALM BAY, FL 329068387

FEI Number: 59-2386427 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GERACE, DONALD SHIELDS, ANA 359 PEGGY CIRCLE NE 256 JARO ST

PALM BAY, FL 32907 US PALM BAY, FL 32907 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: ANA SHIELDS 01/17/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: V () Delete Title: P (X) Change () Addition

 Name:
 SYVINSK, ROBERT
 Name:
 JOHN, STUDER

 Address:
 1114 HARNE AVE
 Address:
 243 NEVILLE CIR

 City-St-Zip:
 AUGUSTA, GA 30907
 City-St-Zip:
 PALM BAY, FL 32907

Title: D () Delete Title: VP (X) Change () Addition Name: LAFORTUNE, DON Name: RUSSO, JOHN

 Name:
 LAFORTUNE, DON
 Name:
 RUSSO, JOHN

 Address:
 702 CORONA AVE
 Address:
 1114 HERNE AVE

 City-St-Zip:
 PALM BAY, FL 32907
 City-St-Zip:
 PALM BAY, FL 32907

Title: D () Delete Title: T (X) Change () Addition

 Name:
 CUETIN, ALY
 Name:
 SHIELDS, ANA

 Address:
 156 DRISKELL
 Address:
 256 JARO ST

 City-St-Zip:
 PALM BAY, FL 32907
 City-St-Zip:
 PALM BAY, FL 32907

 Name:
 GERACE, DONALD
 Name:
 DEITZ, CHERYL

 Address:
 359 PEGGY CIRCLE
 Address:
 1091 PEACOCK AVE

 City-St-Zip:
 PALM BAY, FL 32907
 City-St-Zip:
 PALM BAY, FL 32907

I hereby certify that the information supplied with this filing does not qualify for the 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: ANA SHIELDS T 01/17/2006