


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 05, 2007 8:00 am
Secretary of State

06-05-2007 90011 040 ****70.00

DOCUMENT # 770710	
1. Entity Name LOCKMAR ESTATES HOMEOWNERS ASSOCIATION, INCORPORATED	

Principal Place of Business P.O. BOX 061387 PALM BAY FL 32906-8387	Mailing Address P.O. BOX 061387 PALM BAY FL 32906-8387
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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1st MOORE CR2E037 (10/06)

4. FEI Number 59-2386427	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHIELDS, ANA 256 JARO ST PALM BAY FL 32907	
7. Name and Address of New Registered Agent Name Fredrick J Dale, CMA Street Address (P.O. Box Number is Not Acceptable) 342 Pepper Street NE City Palm Bay FL Zip Code 32907	

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Fredrick J Dale* DATE May 30 2007

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	P JOHN, STUDER 243 NEVILLE CIR PALM BAY FL 32907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VP RUSSO, JOHN 1114 HERNE AVE PALM BAY FL 32907 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	Roger Gulliver <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 228 Hunt Road NE Palm Bay FL 32907
TITLE NAME STREET ADDRESS CITY ST ZIP	T SHIELDS, ANA 256 JARO ST PALM BAY FL 32907 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	Fredrick J Dale <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 342 Pepper St. NE Palm Bay FL 32907
TITLE NAME STREET ADDRESS CITY ST ZIP	S DEITZ, CHERYL 1091 PEACOCK AVE PALM BAY FL 32907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 another like empowered.

SIGNATURE: *Fredrick J Dale* DATE May 30 2007