


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90048 013 ****61.25

DOCUMENT # N03000004909	
1. Entity Name LOCKS LANDING COMMUNITY DOCKING FACILITY CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 1304 SW BAYSHORE BLVD PORT SAINT LUCIE, FL 34983	Mailing Address % BAYSHORE ASSOC. MGMT 1304 SW BAYSHORE BLVD PORT SAINT LUCIE, FL 34983
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60028738



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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03052007 Chg-NP CR2E037 (12/06)

4. FEI Number 02-0695274	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SIEBERT, STEVEN H 8884 SW FISHERMANS WHARF DR STUART, FL 34997		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2007**

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEBERT, STEVE	NAME	SIEBERT, STEVE
STREET ADDRESS	8884 SW FISHERMANS WHARF DR	STREET ADDRESS	
CITY-ST-ZIP	STUART, FL 34997	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARYS, LOUIS V	NAME	HAMMOND, MARK
STREET ADDRESS	2696 SW WINDSHIP WY	STREET ADDRESS	8887 SW FISHERMANS WHARF DR
CITY-ST-ZIP	STUART, FL 34997	CITY-ST-ZIP	STUART, FL 34997
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOWEN, JEFF	NAME	REIFF, EUGENE
STREET ADDRESS	8892 SW FISHERMANS WHARF DR	STREET ADDRESS	8824 SW FISHERMANS WHARF DR
CITY-ST-ZIP	STUART, FL 34997	CITY-ST-ZIP	STUART, FL 34997
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOSANG, BILL	NAME	PETERS, BRAD
STREET ADDRESS	2631 WOODSIDE DR	STREET ADDRESS	8082 SW YACHTSMANS DR.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	CITY-ST-ZIP	STUART, FL 34997
TITLE	ST <input type="checkbox"/> Delete	TITLE	
NAME	LOCATIS, TERRY	NAME	
STREET ADDRESS	8808 SW FISHERMANS WHARF DR	STREET ADDRESS	
CITY-ST-ZIP	STUART, FL 34997	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Steven H. Siebert* **STEVEN H. SIEBERT PRESIDENT** **3-17-07** **(772) 283-0514**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #