

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004909

FILED
Feb 17, 2009
Secretary of State

Entity Name: LOCKS LANDING COMMUNITY DOCKING FACILITY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

8884 SW FISHERMAN'S WHARF DRIVE
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

C/O J & J PERSONALIZED MANAGEMENT
POST OFFICE BOX 1863
PALM CITY, FL 34991

New Mailing Address:

FEI Number: 02-0695274

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOEL, MAXINE ESQ.
217 EAST OCEAN BOULEVARD
STUART, FL 349952846 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LOLSON, GENE
Address: 8867 SW FISHERMANS WHARF
City-St-Zip: STUART, FL 34997

Title: VP () Delete
Name: HAMMOND, MARK
Address: 8887 SW FISHERMANS WHARF DR
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: EUGENE, REIFF
Address: 8824 SW FISHERMANS WHARF DR
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: PETERS, BRAD
Address: 8082 SW YACHTSMANS DR
City-St-Zip: STUART, FL 34997

Title: ST () Delete
Name: LOCATIS, TERRY
Address: 8808 SW FISHERMANS WHARF DR
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: COLSON, GENE
Address: 8867 SW FISHERMANS WHARF
City-St-Zip: STUART, FL 34997

Title: P (X) Change () Addition
Name: HAMMOND, MARK
Address: 8887 SW FISHERMANS WHARF DR
City-St-Zip: STUART, FL 34997

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MURRAY, JOHN
Address: 8811 SW FISHERMANS WHARF DRIVE
City-St-Zip: STUART, FL 34997

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MARK HAMMOND

PRES

02/17/2009

Electronic Signature of Signing Officer or Director

Date