

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N04651** (8)

1. Corporation Name
LOCH LOMOND ESTATES, INC.



Principal Place of Business: **500 NEW YORK AVENUE DUNEDIN FL 34698**
Mailing Address: **500 NEW YORK AVENUE DUNEDIN FL 34698**

3. Date Incorporated or Qualified: **08/09/1984**
3a. Date of Last Report: **03/15/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number 59-2624349	Applied For	<input type="checkbox"/>	Not Applicable	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75	Additional Fee Required	
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00	May Be Added to Fees	
24	Zip	25	Country	29	Zip	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BEDFORD, DON 500 NEW YORK AVE. DUNEDIN FL 34698				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GAZEY, DAVE			1.2 NAME			
STREET ADDRESS	1061 FERN ROAD			1.3 STREET ADDRESS			
CITY - ST - ZIP	ONTARIO CA			1.4 CITY - ST - ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, JACK			2.2 NAME			
STREET ADDRESS	40 BUCHANAN DR.			2.3 STREET ADDRESS			
CITY - ST - ZIP	CALEDONIA ON			2.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEDFORD, DON			3.2 NAME			
STREET ADDRESS	500 NEW YORK AVE. #15			3.3 STREET ADDRESS			
CITY - ST - ZIP	DUNEDIN FL			3.4 CITY - ST - ZIP			
TITLE	DT	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEDFORD, SYLVIA			4.2 NAME			
STREET ADDRESS	500 NEW YORK AVE #15			4.3 STREET ADDRESS			
CITY - ST - ZIP	DUNEDIN FL			4.4 CITY - ST - ZIP			
TITLE	S	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BORG, ALICE,			5.2 NAME			
STREET ADDRESS	1061 FERN ROAD			5.3 STREET ADDRESS			
CITY - ST - ZIP	BELLEWART ON			5.4 CITY - ST - ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERRY, LAURA			6.2 NAME	DRIS, GLENDA		
STREET ADDRESS	500 NEW YORK AVE. UNIT 13			6.3 STREET ADDRESS	500 NEW YORK AVE. #36		
CITY - ST - ZIP	DUNEDIN FL			6.4 CITY - ST - ZIP	DUNEDIN FL.		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: S. Bedford **S. BEDFORD** Date: Mar. 4/96 (813) 733-0574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)