


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90048 049 \*\*\*\*61.25

**DOCUMENT # N04651**  
 1. Entity Name  
**LOCH LOMOND ESTATES, INC.**



Principal Place of Business  
**4174 WOODLANDS PKWY  
 PALM HARBOR, FL 34685**

Mailing Address  
**4174 WOODLANDS PKWY  
 PALM HARBOR, FL 34685**

40002352

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01062005 Chg-NP CR2E037 (10/03)



4. FEI Number  
**59-2624349**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**FIRST CHOICE ASSOCIATION MANAGEMENT  
 JAMES NOLAN  
 4174 WOODLANDS PKWY  
 PALM HARBOR, FL 34685**

**7. Name and Address of New Registered Agent**

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 JAMES NOLAN 1/12/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by May 1, 2005**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PUGNI, FRANK</b> <b>500 NEW YORK AVE #11</b> <b>DUNEDIN, FL 34698</b> <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	<b>V</b> <b>SANTOS, JOSEPH</b> <input checked="" type="checkbox"/> Delete <b>500 NEW YORK AVENUE, 36</b> <b>DUNEDIN, FL 34698</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>George Townsend</b> <b>500 new york Ave</b> <b>Dunedin FL 34698</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>JEFFRIES, JAY</b> <input checked="" type="checkbox"/> Delete <b>500 NEW YORK AVE #5</b> <b>DUNEDIN, FL 34698</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Rachel Spicer</b> <b>500 new york Ave</b> <b>Dunedin FL 34698</b>
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
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: Rachel Spicer