


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90062 023 ****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
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02012006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2624349	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PUGNI, FRANK 500 NEW YORK AVE #11 DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TOWNSEND, GEORGE 500 NEW YORK AVE DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SPICER, RACHEL 500 NEW YORK AVE DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____