

**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**

DO NOT WRITE IN THIS SPACE



02012006 No Chg-NP CR2E037 (11/05)

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**

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IN THIS SPACE**

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 _____

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, 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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IN THIS SPACE**

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 #