


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90020 014 \*\*\*\*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



2. Principal Place of Business - PO Box #  
 3. Mailing Address

Subj. Apt. #, etc.  
 Subj. Apt. #, etc.

02052007 Chg-NP CR2E037 (1/2/06)

City & State  
 City & State

4. FEI Number  
 59-2624349

Applied For  
 Not Applicable

Zip Country  
 Zip Country

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

8. 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

9. 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]*  
 Signature of Registered Agent or Registered Office  
 DATE

Filing Fee is \$61.25 Due by May 1, 2007

10. 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

|   |   |  |
|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | P<br>PUGNI, FRANK<br>500 NEW YORK AVE #11<br>DUNEDIN, FL 34698                          | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | VP - TREASURER / SECRETARY<br>TOWNSEND, GEORGE<br>500 NEW YORK AVE<br>DUNEDIN, FL 34698 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | ST<br>SPICER, RACHEL<br>500 NEW YORK AVE<br>DUNEDIN, FL 34698                           | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |   | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|   |  |  |
|---|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | James Bayura - VICE PRESIDENT<br>500 New York Ave. # 28<br>Dunedin, FL 34698 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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, but 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 of changes, or on an attached form with an address, with all other the empowered.

SIGNATURE: *[Signature]* FRANK PUGNI, PRESIDENT, 3/31/07 222 461 222-1  
 SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

