

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04651

FILED  
Feb 18, 2008  
Secretary of State

Entity Name: LOCH LOMOND ESTATES, INC.

**Current Principal Place of Business:**

4174 WOODLANDS PKWY  
PALM HARBOR, FL 34685

**New Principal Place of Business:**

**Current Mailing Address:**

4174 WOODLANDS PKWY  
PALM HARBOR, FL 34685

**New Mailing Address:**

FEI Number: 59-2624349

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PUGNI, FRANK  
Address: 500 NEW YORK AVE #11  
City-St-Zip: DUNEDIN, FL 34698

Title: VP ( ) Delete  
Name: TOWNSEND, GEORGE  
Address: 500 NEW YORK AVE  
City-St-Zip: DUNEDIN, FL 34698

Title: VP ( ) Delete  
Name: BAYNRA, JAMES  
Address: 500 NEW YORK AVE #25  
City-St-Zip: DUNEDIN, FL 34698

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: PUGNI, FRANK  
Address: 4174 WOODLANDS PARKWAY  
City-St-Zip: PALM HARBOR, FL 34685

Title: VP (X) Change ( ) Addition  
Name: BAYURA, JAMES  
Address: 4174 WOODLANDS PARKWAY  
City-St-Zip: PALM HARBOR, FL 34685

Title: ST (X) Change ( ) Addition  
Name: CIDER, LOIS  
Address: 4174 WOODLANDS PARKWAY  
City-St-Zip: PALM HARBOR, FL 34685

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES NOLAN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

AGEN

02/18/2008

\_\_\_\_\_  
Date