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Feb 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000002794 (6)**
1. Corporation Name

LOCKS LANDING HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: **% SANDRA KLEIN
505 SE ST. LUCIE BOULEVARD
STUART FL 34996**

Mailing Address: **5094 SE FEDERAL HWY
STUART FL 34997
US**

3. Date Incorporated or Qualified
06/16/1993

4. FEI Number **65-0494674**
Applied For ☐ Not Applicable ☐

2. Principal Place of Business:
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address:
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

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

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

7. Is this nonprofit corporation a homeowners association?
☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
**KLEIN, SANDRA L
505 SE ST. LUCIE BOULEVARD
STUART FL 34996**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Signature required to print name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DPT	☐ DELETE
NAME	KLEIN, ROBERT C	
STREET ADDRESS	505 SE ST. LUCIE BLVD	
CITY-ST-ZIP	STUART FL	
TITLE	DS	☐ DELETE
NAME	KLEIN, SANDRA L	
STREET ADDRESS	505 SE ST. LUCIE BLVD	
CITY-ST-ZIP	STUART FL	
TITLE	DV	☐ DELETE
NAME	FRISCH, SIDNEY J	
STREET ADDRESS	312 WEST RANDOLPH STREET, #200	
CITY-ST-ZIP	CHICAGO IL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  Robert C. Klein 2/5/98 (561)288-0170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0073035

CR2E037 (10/97)