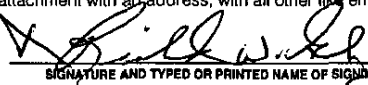


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90559 042 ****61.25

DOCUMENT # N93000002794 1. Entity Name LOCKS LANDING HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business % SANDRA KLEIN 505 SE ST. LUCIE BOULEVARD STUART, FL 34996				Mailing Address 5004 SE FEDERAL HWY STUART, FL 34997 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1930 COMMERCE LANE SUITE 1 JUPITER FL Zip 33458 Country PALM BEACH			
City & State JUPITER FL		4. FEI Number 65-0494674		Applied For ☐ Not Applicable	
Zip 33458		Country PALM BEACH		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KLEIN, SANDRA L 505 SE ST. LUCIE BOULEVARD STUART, FL 34996				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT KLEIN, ROBERT C 505 SE ST. LUCIE BLVD STUART, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. RICHARD GARY 8263 SW SKIPPER DR STUART, FL 34997	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KLEIN, SANDRA L 505 SE ST. LUCIE BLVD STUART, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRAD PETERS 8078 SW YACHTSMANS DR STUART, FL 34997	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FRISCH, SIDNEY J 14 N PEORIA ST ATE 2E CHICAGO, IL 60607	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECY. CARRIE HEISCHMAN 8510 SW SEA CAPTAIN DR STUART, FL 34997	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS. ROBERT WIEGENSTEIN 8283 SW SKIPPER DR. STUART, FL 34997	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR GLEN SHOVELY 8509 SW SEA CAPTAIN DR STUART, FL 34997	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
12. 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 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: 			4/19/04 712-219-7275		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

24034660



04082004 Chg-NP CR2E037 (10/03)