2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90559 042 ****61.25

24U04b6b

DOCUMENT # N93000002794

1. Entity Name
LOCKS LANDING HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~% SANDRA KLEIN~~ ~~505 SE ST. LUCIE BOULEVARD~~ ~~STUART, FL 34996~~	~~5004 SE FEDERAL HWY~~ ~~STUART, FL 34997~~ US

04082004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	1930 COMMERCE LANE Suite, Apt. #, etc. STE 1
City & State	City & State JUPITER FL
Zip / Country	Zip 33458 / Country PALM BEACH

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

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 GALY 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 FLEISCHMANN 8510 SW SEA CAPTAIN DR STUART, FL 34997	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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	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	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: _____ 4/19/04 772-219-7275
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #