

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90271 027 ****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
**1930 COMMERCE LANE
STE. 1
JUPITER, FL 33458 US**

60027174

2. Principal Place of Business

3. Mailing Address
1304 SW BAYSHORE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03272006 Chg-NP CR2E037 (11/05)

City & State

City & State
PORT ST LUCIE FL

4. FEI Number
65-0494674

Applied For
Not Applicable

Zip

Country

Zip
34983

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WIEGENSTEIN, ROBERT
8283 SW SKIPPER DR
STUART, FL 34997**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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
**P
RAVETTA, DAVE
8300 SW SKIPPER DR
STUART, FL 34997** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
PETERS, BRAD
8072 SW YACHTS MANS DR.
STUART, FL 34997** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
FLEISCHMANN, CARRIE
8510 SW SEA CAPTAIN DR.
STUART, FL 34997** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
WIEGENSTEIN, ROBERT
8283 SW SKIPPER DR.
STUART, FL 34997** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SHOVELY, GLEN
8509 SW SEA CAPTAIN DR.
STUART, FL 34997** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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 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; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/06

Date

Daytime Phone #

772781-5701