2007 NOT-FOR-PROFIT CORPORATION

Apr 02, 2007 8:00 am ANNUAL REPORT Secretary of State DOCUMENT # N93000002794 04-02-2007 90052 042 ****61.25 LOCKS LANDING HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 40047883 % SANDRA KLEIN 1304 SW BAYSHORE BLVD 505 SE ST. LUCIE BOULEVARD PORT SAINT LUCIE, FL 34983 US STUART, FL 34996 12. Principal Place of Business - No P.O. Box # 0RAYSHORE ASSOC MC-3. Mailing Address MENT Suite, Apt. #, etc Suite, Apt. #, etc. 03052007 Chg-NP CR2E037 (12/06) 1304 SW BAUSHORE BLUI City & State 4. FEI Number 65-0494674 City & State Applied For PORT LUC(E Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired П USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent William WEBER L_ . WEGENSTEIN, ROBERT Street Address (P.O. Box Number is Not Acceptable) 8283 SW SKIPPER DR STUART, FL-34997-1304 SW BAYSHORE BEVS 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) 9. Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee is \$61.25 Trust Fund Contribution. \Box Florida Department of State Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition RAVETTA DAVE NAME NAME 8300 SW SKIPPER DR STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP STUART, FL 34997 ☐ Change ☐ Addition TITLE ☐ Delete TITI F PETERS, BRAD NAME NAME 8072 SW YACHTS MANS DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STUART, FL 34997 CITY-ST-ZIP ☐ Change ☐ Addition TITLE S ☐ Delete TITLE FLEISCHMANN, CARRIE NAME NAME 8510 SW SEA CAPTAIN DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART, FL 34997 Addition TITLE Delete TITLE Terry Location 8808 3w. Fisherman's Whar WIEGENSTEIN, ROBERT -NAME NAME 8283 SWISKIPPER DR. STREET ADDRESS STREET ADDRESS STUART, PL 34997 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE SHOVELY, GLEN NAME NAME 8509 SW SEA CAPTAIN DR. STREET ADDRESS STREET ADDRESS

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 legat 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY_ST_7IP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STUART, FL 34997

☐ Delete

772.288-1323

■ Addition

Daytime Phone #

☐ Change

FILED