

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90060 008 ****61.25

DOCUMENT # N93000002794	
1. Entity Name LOCKS LANDING HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business C/O BAYSHORE ASSOC. MGNT 1304 SW BAYSHORE BLVD PORT SAINT LUCIE, FL 34983	Mailing Address 1304 SW BAYSHORE BLVD PORT SAINT LUCIE, FL 34983 US
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2. Principal Place of Business - No P.O. Box # 430 NW LAKE WHITNEY PL	3. Mailing Address PO Box 880038
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PORT ST LUCIE FL	City & State PORT ST LUCIE FL
Zip 34986	Country USA
Zip 34988-0038	Country USA

03072008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0494674	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
WEBER, WILLIAM L 1304 SW BAYSHORE BLVD PORT SAINT LUCIE, FL 34983

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
430 NW LAKE WHITNEY PLACE
City PORT ST LUCIE FL Zip Code 34986

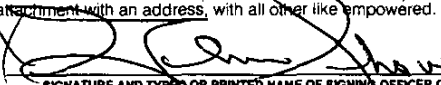
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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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 LOCATIS, TERRY 8808 FISHERMAN'S WHARF 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:  **3-28-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #