2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# N93000002794

Entity Name: LOCKS LANDING HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

430 NW LAKE WHITNEY PL
PORT SAINT LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

PO BOX 880038
PORT SAINT LUCIE, FL 349880038 US

New Mailing Address:

55 EAST OCEAN BLVD
STUART, FL 34994 US

FEI Number: 65-0494674 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEBER, WILLIAM L
430 NW LAKE WHITNEY PLACE
PORT SAINT LUCIE, FL 34986 US

Name and Address of New Registered Agent:

GUY YUDIN & FOSTER, LLP
55 EAST OCEAN BLVD
STUART, FL 34994 US

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.

SIGNATURE: JOHN S. YUDIN, ESQ. 04/06/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: RAVETTA, DAVE
Address: 8300 SW SKIPPER DR
City-St-Zip: STUART, FL 34997

Title: VP ( ) Delete
Name: PETERS, BRAD
Address: 8072 SW YACHTS MANS DR.
City-St-Zip: STUART, FL 34997

Title: S ( ) Delete
Name: FLEISCHMANN, CARRIE
Address: 8510 SW SEA CAPTAIN DR.
City-St-Zip: STUART, FL 34997

Title: T ( ) Delete
Name: LOCATIS, TERRY
Address: 8808 FISHERMAN'S WHARF DR
City-St-Zip: STUART, FL 34997

Title: D ( ) Delete
Name: SHOVELY, GLEN
Address: 8509 SW SEA CAPTAIN DR.
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: GUBERMAN, GALEN
Address: 8081 SW YACHTSMAN DR.
City-St-Zip: STUART, FL 34997

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: FRAUM, TERRIE
Address: 2676 SW WINDSHIP WAY
City-St-Zip: STUART, FL 34997

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GALEN GUBERMAN S 04/06/2009
Electronic Signature of Signing Officer or Director Date