

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 770710 (2)

LOCKMAR ESTATES HOMEOWNERS ASSOCIATION, INCORPORATED



Principal Place of Business: P.O. BOX 061387, PALM BAY FL 32906-8387
Mailing Address: P.O. BOX 061387, PALM BAY FL 32906-8387

3. Date Incorporated or Qualified: 10/12/1983
3a. Date of Last Report: 08/14/1995

21	22	23	24	25	26	27	28	29	30	4. FEI Number: 59-2386427	Applied For: Not Applicable
22. Suite, Apt. #, etc.		23. City & State		24. Zip		25. Country		26. Suite, Apt. #, etc.		27. City & State	
28. Zip		29. Country		30. Zip		31. Country		5. Certificate of Status Desired: <input type="checkbox"/>		\$8.75 Additional Fee Required	
32. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$5.00 May Be Added to Fees		33. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent

HERR, FRANCIS B.
200 SALMON DRIVE, N.E.
PALM BAY FL 32907

10. Name and Address of New Registered Agent

81	Name: Nora Dejeu
82	Street Address (P.O. Box Number is Not Acceptable): 156 Driskill St NE
83	City: Palm Bay
84	City: Palm Bay
85	Zip Code: FL 32907

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: *Nora Dejeu* DATE: 1/24/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: MARION, PEGGY	1.1 TITLE: <input checked="" type="checkbox"/> DELETE	1.1 TITLE: Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 210 SALMON DR NE	CITY-ST-ZIP: PALM BAY FL	1.2 NAME:	1.2 NAME: Horst Debbert
TITLE: VD	NAME: BAYER, TERRY	1.3 STREET ADDRESS: 974 Piedmont Ave NE	1.3 STREET ADDRESS: Palm Bay FL 32907
STREET ADDRESS: 781 JUNAN ST. N.E.	CITY-ST-ZIP: PALM BAY FL	1.4 CITY-ST-ZIP:	2.1 TITLE: U.L. Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	NAME: HAINES, EARL	2.2 NAME:	2.2 NAME: Charles Christy
STREET ADDRESS: 1101 PEACOCK AVE. N.E.	CITY-ST-ZIP: PALM BAY FL	2.3 STREET ADDRESS: 508 Jaro St NE	2.3 STREET ADDRESS: Palm Bay FL 32907
TITLE: D Pres.	NAME: HORST, DEBBERT	2.4 CITY-ST-ZIP:	3.1 TITLE: Nora Dejeu <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 974 PIEDMONT AVE. NE	CITY-ST-ZIP: PALM BAY FL 32907	3.2 NAME:	3.2 NAME: 156 Driskill St NE
TITLE: TD Director	NAME: WEINERT, FRED	3.3 STREET ADDRESS:	3.3 STREET ADDRESS: Palm Bay FL 32907
STREET ADDRESS: 1020 PIEDMONT AVE.	CITY-ST-ZIP: PALM BAY FL 32907	3.4 CITY-ST-ZIP:	4.1 TITLE: Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD Director	NAME: STANNARD, JAY	4.2 NAME:	4.2 NAME: Susan Adkins
STREET ADDRESS: 198 DICKINSON ST. NE	CITY-ST-ZIP: PALM BAY FL 32907	4.3 STREET ADDRESS: 227 Jaro St NE	4.3 STREET ADDRESS: Palm Bay FL 32907
TITLE:	NAME:	4.4 CITY-ST-ZIP:	5.1 TITLE: Fred Weinert Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
			5.2 NAME: 1020 Piedmont Ave.
			5.3 STREET ADDRESS: Palm Bay, FL
			5.4 CITY-ST-ZIP: 32907
			6.1 TITLE: Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
			6.2 NAME: Jay Stannard
			6.3 STREET ADDRESS: 198 Dickinson St NE
			6.4 CITY-ST-ZIP: Palm Bay FL 32907

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Susan Adkins* DATE: 1-25-96 DAYTIME PHONE #: 407 768-4223

CR2E037 (12/95)