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Mar 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 770710 (2)

1. Corporation Name
LOCKMAR ESTATES HOMEOWNERS ASSOCIATION, INCORPORATED



Principal Place of Business Mailing Address
P.O. BOX 061387 PALM BAY FL 32906-8387
P.O. BOX 061387 PALM BAY FL 32906-1387

3. Date Incorporated or Qualified 10/12/1983
3a. Date of Last Report 01/31/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2386427	Applied For Not Applicable
21 Site, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent
DEJII, NORA
156 DRISKALL ST NE
PALM BAY FL 32907

10. Name and Address of New Registered Agent
81 Name PIERCE, LUCIA
82 Street Address (P.O. Box Number is Not Acceptable) 261 PEAKE ST NE
83
84 City PALM BAY FL 85 Zip Code 32907

11. Pursuant to the provisions of Sections 617.05(2) 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 *Lucia Pierce* DATE 3-16-97

12. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	CHARLOS, CHRISTY	
STREET ADDRESS	298 JARO ST NE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	DEJII, NORA	
STREET ADDRESS	156 DRISKALL ST NE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ADKINS, SUSAN	
STREET ADDRESS	227 JARO ST NE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HORST, DEBBERT	
STREET ADDRESS	974 PIEDMONT AVE. NE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WEINERT, FRED	
STREET ADDRESS	1020 PIEDMONT AVE.	
CITY-ST-ZIP	PALM BAY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STANNARD, JAY	
STREET ADDRESS	198 DICKINSON ST. NE	
CITY-ST-ZIP	PALM BAY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KING, CHRISTOPHER	
1.3 STREET ADDRESS	838 NELSON AVE NE	
1.4 CITY-ST-ZIP	PALM BAY, FL	
2.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BURGIN, PATRICIA	
2.3 STREET ADDRESS	474 NYDER ST NE	
2.4 CITY-ST-ZIP	PALM BAY, FL 32907	
3.1 TITLE	TRIAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PIERCE, LUCIA	
3.3 STREET ADDRESS	261 PEAKE ST NE	
3.4 CITY-ST-ZIP	PALM BAY FL 32907	
4.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HOBBS, MICHAEL	
4.3 STREET ADDRESS	700 PINEDA AVE NE	
4.4 CITY-ST-ZIP	PALM BAY FL 32907	
5.1 TITLE	DOBRIEN DAVID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DOBRIEN DAVID	
5.3 STREET ADDRESS	833 HAETZ ST NE	
5.4 CITY-ST-ZIP	PALM BAY, FL 32907	
6.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DOHMAN, ROE	
6.3 STREET ADDRESS	814 NELSON AV NE	
6.4 CITY-ST-ZIP	PALM BAY FL	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 unchanged, or on an attachment with an address.

SIGNATURE: *Lucia Pierce* (SIGNED) DATE 1-27-97 (407) DAYTIME PHONE # 724-6997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE # 0018795

CR2E037 (9/96)