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Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 770710 (2)
1. Corporation Name
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
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 10/12/1983	
4. FEI Number 59-2386427	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PIERCE LUCIA
281 PEAKE ST NE
PALM BAY FL 32907**

10. Name and Address of New Registered Agent

81 Name Andrea Dale
82 Street Address (P.O. Box Number Is Not Acceptable) 342 Pepper Street NE
83
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 *Andrea Dale* **1-31-98**
Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	CHRISTOPHER KING	
STREET ADDRESS	838 NELSON AVE NE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BURGIN PATRICIA	
STREET ADDRESS	474 NYDER ST NE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	PIERCE LUCIA	
STREET ADDRESS	281 PEKE ST NE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HOBBS MICHAEL	
STREET ADDRESS	700 PINEDA AVE NE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	D'O'BRIEN DAVID	
STREET ADDRESS	833 HAFTEZ ST NE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOLLMAN ROE	
STREET ADDRESS	814 BELSON AVE NE	
CITY-ST-ZIP	PALM BAY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Christopher King	
1.3 STREET ADDRESS	838 Nelson Ave NE	
1.4 CITY-ST-ZIP	PALM BAY FL	
2.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Gen Boiko	
2.3 STREET ADDRESS	826 Nelson Avenue	
2.4 CITY-ST-ZIP	Palm Bay FL 32907	
3.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Andrea Dale	
3.3 STREET ADDRESS	342 Pepper St NE	
3.4 CITY-ST-ZIP	Palm Bay FL 32907	
4.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Michael Hobbs	
4.3 STREET ADDRESS	700 Pineda Ave NE	
4.4 CITY-ST-ZIP	Palm Bay FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Vice President Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Jean Caldwell	
6.3 STREET ADDRESS	807 Emerson Drive	
6.4 CITY-ST-ZIP	Palm Bay FL 32907	

14. I 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 its 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: *Michael Hobbs*

CR2E037 (10/97)