

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90074 045 ****61.25

DOCUMENT # 770710

1. Entity Name

LOCKMAR ESTATES HOMEOWNERS ASSOCIATION, INCORPOR

Principal Place of Business

Mailing Address

P.O. BOX 061387
 PALM BAY FL 32906-8387

P.O. BOX 061387
 PALM BAY FL 32906-8387

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2386427

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DALE, ANDREA
 342 PEPPER ST NE
 PALM BAY FL 32907

Name **DONALD GERACE**

Street Address (P.O. Box Number is Not Acceptable)

359 PEGGY CIR N.E.

City

PALM BAY

FL

Zip Code

32907

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.

SIGNATURE **DONALD GERACE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Donald Gerace 1-30-01

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	ASHMEADE, JEPHTAH	
STREET ADDRESS	955 SIERRA PL	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	S	<input type="checkbox"/> Delete
NAME	GOLDBERG, BETTY	
STREET ADDRESS	437 NARRAGANSETT ST NE	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DALE, ANDREA	
STREET ADDRESS	342 PEPPER ST NE	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAFORTUNE, DON	
STREET ADDRESS	702 CORONA AVE	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CALDWELL, JEAN	
STREET ADDRESS	807 EMERSON DR	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	T	<input type="checkbox"/> Delete
NAME	DALE, FREDERICK J	
STREET ADDRESS	342 PEPPER STREET NE	
CITY-ST-ZIP	PALM BAY FL 32907	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRCS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-01 321-724-2832

Date

Daytime Phone #

CR2E037 (10/00)