

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90010 025 ****70.00

DOCUMENT # 770710
 1. Entity Name
LOCKMAR ESTATES HOMEOWNERS ASSOCIATION, INCORPORATED

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



DO NOT WRITE IN THIS SPACE

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 Applied For
59-2386427 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GERACC, DONALD
359 PEGGY CIRCLE NE
PALM BAY FL 32907

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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* DATE 1-30-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ASHMEADE, JEPHTHAH	
STREET ADDRESS	955 SIERRA PL	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GOLDBERG, BETTY	
STREET ADDRESS	437 NARRAGANSETT ST NE	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	P	<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	DALE, FREDERICK J	
STREET ADDRESS	342 PEPPER STREET NE	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V. PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Syvinski Bob	
STREET ADDRESS	1114 Herne Ave	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gulliver Roger	
STREET ADDRESS	228 HURST	
CITY-ST-ZIP	PALM BAY 32907	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALE FREDERICK	
STREET ADDRESS	342 PEPPER ST	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	TRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERACE DONALD	
STREET ADDRESS	359 PEGGY CIR	
CITY-ST-ZIP	PALM BAY FL 32907	

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: *Donald Gerace* **SIGNATURE OF REGISTERED OFFICER OR DIRECTOR**
GERACE DONALD GERACE 1-30-02 321-7847832

CR2E037 (9/01)