

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 05, 2007 8:00 am
Secretary of State

06-05-2007 90011 040 ****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



2. Principal Place of Business - No P.O. Box # 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

1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent
SHIELDS, ANA
256 JARO ST
PALM BAY FL 32907

7. Name and Address of New Registered Agent
 Name *Fredrick J Dale, CMA*
 Street Address (P.O. Box Number is Not Acceptable) *342 Pepper Street NE*
 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE *Fredrick J Dale* DATE *May 30 2007*
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
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	JOHN, STUDER	
STREET ADDRESS	243 NEVILLE CIR	
CITY - ST - ZIP	PALM BAY FL 32907	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	RUSSO, JOHN	
STREET ADDRESS	1114 HERNE AVE	
CITY - ST - ZIP	PALM BAY FL 32907	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SHIELDS, ANA	
STREET ADDRESS	256 JARO ST	
CITY - ST - ZIP	PALM BAY FL 32907	
TITLE	S	<input type="checkbox"/> Delete
NAME	DEITZ, CHERYL	
STREET ADDRESS	1091 PEACOCK AVE	
CITY - ST - ZIP	PALM BAY FL 32907	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Roger Gulliver</i>	
STREET ADDRESS	<i>228 Hunt Road NE</i>	
CITY - ST - ZIP	<i>Palm Bay FL 32907</i>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Fredrick J Dale</i>	
STREET ADDRESS	<i>342 Pepper St. NE</i>	
CITY - ST - ZIP	<i>Palm Bay FL 32907</i>	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 another like empowered.

SIGNATURE: *Fredrick J Dale* DATE *May 30 2007*