

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jun 27, 2009  
Secretary of State**

DOCUMENT# 770710

Entity Name: LOCKMAR ESTATES HOMEOWNERS ASSOCIATION, INCORPORATED

**Current Principal Place of Business:**

P.O. BOX 061387  
PALM BAY, FL 329068387

**New Principal Place of Business:**

840 HUNTINGTON ST., N.E.  
PALM BAY, FL 32907

**Current Mailing Address:**

P.O. BOX 061387  
PALM BAY, FL 329068387

**New Mailing Address:**

FEI Number: 59-2386427      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

STUDER, JOHN  
243 NEVILLE CIRCLE  
PALM BAY, FL 32907      US

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: JOHN, STUDER  
Address: 243 NEVILLE CIR  
City-St-Zip: PALM BAY, FL 32907

Title: VP      ( ) Delete  
Name: GULLIVER, ROGER  
Address: 228 HURST RD NE  
City-St-Zip: PALM BAY, FL 32907

Title: S      ( ) Delete  
Name: DEITZ, CHERYL  
Address: 1091 PEACOCK AVE  
City-St-Zip: PALM BAY, FL 32907

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TREA      ( ) Change (X) Addition  
Name: CORDELL, PAULINE P  
Address: 840 HUNTINGTON ST. NE  
City-St-Zip: PALM BAY, FL 32907

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULINE P. CORDELL

TREA

06/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date