

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90242 024 ****61.25

DOCUMENT # 770710

1. Entity 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

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

CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

Donald Gerace
DONALD GERACE PRES 1-16-03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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 NAME	D SYVILLIS, BOB	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1114 HARNE AVE AUGUSTA GA 30907	
TITLE NAME	S GULLIVER, ROGER	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	228 HURST PALM BAY FL 32907	
TITLE NAME	P DALE, ANDREA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	342 PEPPER ST NE PALM BAY FL 32907	
TITLE NAME	D LAFORTUNE, DON	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	702 CORONA AVE PALM BAY FL 32907	
TITLE NAME	D DALE, FREDERICK J	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	342 PEPPER STREET NE PALM BAY FL 32907	
TITLE NAME	T GERACE, DONALD	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	359 PEGGY CIRCLE PALM BAY FL 32907	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	VP Robert Syvillis	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	1114 HARNE AVE PALM BAY FL 32907	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	P DAVID JON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	1058 HARNE AVE PALM BAY 32907	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	D EMY CURTIN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	156 DRISKEH PALM BAY 32907	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:

Donald Gerace
DONALD GERACE 724-2832

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT

CR2E037 (10/02)