

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002794

Entity Name: LOCKS LANDING HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

SW LOCKS ROAD
STUART, FL 34997

Current Mailing Address:

C/O SIGNATURE PROPERTY MGMT
3171 SE DOMINICA TERRACE
STUART, FL 34997 US

FEI Number: 65-0494674

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BARBARA A. KREITZ COOK, ESQ.
ROYAL PALM FINANCIAL CENTER
759 SW FEDERAL HWY SUITE 216
STUART, FL 34994 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

Officer/Director Detail :

Title PRESIDENT
Name GUBERMAN, GALEN
Address C/O SIGNATURE PROPERTY MGMT
 3171 SE DOMINICA TERRACE
City-State-Zip: STUART FL 34997

Title VP
Name LEPAK, PATRICK
Address C/O SIGNATURE PROPERTY MGMT
 3171 SE DOMINICA TERRACE
City-State-Zip: STUART FL 34997

Title TREASURER/DIRECTOR
Name MURRAY, JOHN
Address C/O SIGNATURE PROPERTY MGMT
 3171 SE DOMINICA TERRACE
City-State-Zip: STUART FL 34997

Title SECRETARY
Name WILSON, DANIEL
Address C/O SIGNATURE PROPERTY MGMT
 3171 SE DOMINICA TERRACE
City-State-Zip: STUART FL 34997

Title DIRECTOR
Name CLINE, JULIE
Address C/O SIGNATURE PROPERTY MGMT
 3171 SE DOMINICA TERRACE
City-State-Zip: STUART FL 34997

I hereby 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 all other like empowered.

SIGNATURE: GALEN GUBERMAN

PRESIDENT

04/13/2021

Electronic Signature of Signing Officer/Director Detail

Date