## 2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002794

Entity Name: LOCKS LANDING HOMEOWNERS ASSOCIATION, INC.

FILED
Apr 22, 2025
Secretary of State
4681561494CC

## **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 Title TREASURER

Name WILSON, DANIEL Name DRAKE, MICHELE

Address C/O SIGNATURE PROPERTY MGMT Address C/O SIGNATURE PROPERTY MGMT

3171 SE DOMINICA TERRACE 3171 SE DOMINICA TERRACE

City-State-Zip: STUART FL 34997 City-State-Zip: STUART FL 34997

Title VP Title SECRETARY

Name MURRAY, JOHN Name GOODCUFF, CAROL

Address C/O SIGNATURE PROPERTY MGMT Address C/O SIGNATURE PROPERTY MGMT

3171 SE DOMINICA TERRACE 3171 SE DOMINICA TERRACE

City-State-Zip: STUART FL 34997 City-State-Zip: STUART FL 34997

Title DIRECTOR
Name LEPAK, PATRICK

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: DANIEL WILSON PRESIDENT 04/22/2025