

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002794

Entity Name: LOCKS LANDING HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

543 NW LAKE WHITNEY PL STE101
C/O BRISTOL MANAGEMENT
PORT SAINT LUCIE, FL 34986

Current Mailing Address:

543 NW LAKE WHITNEY PL STE101
C/O BRISTOL MANAGEMENT
PORT SAINT LUCIE, FL 34986

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 P/D
Name GUBERMAN, GALEN
Address 543 NW LAKE WHITNEY PLACE SUITE 101
City-State-Zip: PORT ST LUCIE FL 34986

Title TREASURER/DIRECTOR
Name ODENTHAL, PAUL
Address 543 NW LAKE WHITNEY PLACE SUITE 101
City-State-Zip: PORT ST LUCIE FL 34986

Title DIRECTOR
Name PACK, JOHN
Address 543 NW LAKE WHITNEY PLACE 101
City-State-Zip: PORT ST LUCIE FL 34986

Title VP/D
Name LEPAK, PATRICK
Address 543 NW LAKE WHITNEY PLACE SUITE 101
City-State-Zip: PORT ST LUCIE FL 34986

Title SECRETARY
Name CLINE, JULIE
Address 543 NW LAKE WHITNEY PLACE SUITE 101
City-State-Zip: PORT ST LUCIE FL 34986

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

P

04/05/2016

Electronic Signature of Signing Officer/Director Detail

Date