1980 FOR

ANNUAL REPORT

GENERAL NOT FOR PROFIT CORPORATION ACT

FILE NO.

N 3714-811-3

FILE PRIOR TO 08-01-80 SECRETARY OF STATE OF ILLINOIS

DO NOT WRITE IN THIS SPACE

RECEIVED AND FILED

Annual Report Filing Fee \$ 5.00 Annual Report with Change of Agent \$10.00

AU' 14 1980

SECRETARY OF STATE

1.) CORPORATE NAME

LOCH LOMOND PROPERTY OWNERS ASSOCIATION

REGISTERED AGENT -

* ROBERT POLLOCK

REGISTERED OFFICE

996 LUCERNE COURT CITY, STATE, ZIP CODE MUNDELEIN, ILLINOIS

60060

LAKE

2.) CHANGES ONLY:

Registered Agent

DONALD J. FERKIN

BOX 840 104 EDGEMONT

Men aidrich

Registered Office City, State, Zip Code

The above change was duly authorized by resolution of the board of directors. The address of the registered office and the address of the office of the registered agent, as changed, will be identical.

- The above corporation organized under the laws of the state of ILLINOIS provisions of "The General Not for Profit Corporation Act" of the State of Illinois, hereby makes the following report:
- The names and respective addresses of its officers and directors are:

OFFICE	NUMBER & STREET	CITY	STATE	ZIP
President	104 EDGEMONT	MUNDELEW		
Secretary		TIPEDEET	126	60060
Treasurer				
Director				
Director				
Director	944 BANBURT			
	President Secretary Treasurer Director	President 104 EDGEMONT Secretary 120 EDGEMONT Treasurer 548 BANBURY Director 734 LOMOND Director 938 DUBLIN	President 104 EDGEMONT Secretary 120 EDGEMONT Treasurer 548 BANBURY Director 734 LOMOND Director 438 DUBLIN	President 104 EDGEMONT MUNDELEIN ILC Secretary 120 EDGEMONT Treasurer 548 BANBURY Director 134 LOMOND Director 438 DUBLIN

NOTE: List all directors above or list them on an additional sheet: Illinois corporations must have three directors.

The following is a brief statement of the character of the affairs which the corporation is actually conducting: 5.) SOCIAL PURPOSES OF LOCH COMONO COMMUNITY, BEACHES AND PARKS OF THE SUBBIUISION FOR

6.) If a foreign corporation, the address of its principal office in the state of its incorporation is:

(Number and Street) (City) (State or County) (Please read reverse side of this report before signing below)

Under the penalty of perjury and as an authorized officer, I declare that this annual report and, if applicable, the statement of change of registered agent and/or office, has been examined by me and is, to the best of my knowledge and belief, true and correct, and complete. * * * THIS REPORT MUST BE SIGNED

BY

place corporate sea

ATTEST

a. Collect

Journe

(Secretary's or Ass't. Secretary's Signature required only if changes listed in 2)

(Title)

Box 7/2018.

FORM C-54.8