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FILED

Mar 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 740592 (1)

1. Corporation Name

LYME BAY ASSOCIATION OF OWNERS, INC.

Principal Place of Business

Mailing Address

P O BOX 732493
SATELLITE BCH FL 32937P O BOX 732493
SATELLITE BCH FL 329373. Date Incorporated or Qualified
10/28/19773a. Date of Last Report
01/15/1997

4. FEI Number

59-1923855

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida StatutesYes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KNERR, BILL
415 HAWTHORN COURT
SATELLITE BEACH FL 32937

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME HIGGINS, BETTY
STREET ADDRESS 520 SUMMERSET COURT
CITY-ST-ZIP SATELLITE BEACH FL 329371.1 TITLE D ☐ Change ☒ Addition
1.2 NAME HURLEY, WOODROW
1.3 STREET ADDRESS 309 MARKLEY COURT
1.4 CITY-ST-ZIP INDIAN HARBOR BEACH, FL 32937TITLE D ☒ DELETE
NAME HIGGINS, GERALD
STREET ADDRESS 520 SUMMERSET COURT
CITY-ST-ZIP SATELLITE BEACH FL 329372.1 TITLE D ☐ Change ☒ Addition
2.2 NAME EDMUNDSON, JEAN
2.3 STREET ADDRESS 413 HAWTHORNE COURT
2.4 CITY-ST-ZIP INDIAN HARBOR BEACH, FL 32937TITLE D ☐ DELETE
NAME KNERR, BILL
STREET ADDRESS 415 HAWTHORN COURT
CITY-ST-ZIP SATELLITE BEACH FL 329373.1 TITLE D ☐ Change ☒ Addition
3.2 NAME POTTER, MURIEL
3.3 STREET ADDRESS 414 HAWTHORNE COURT
3.4 CITY-ST-ZIP INDIAN HARBOR BEACH, FL 32937TITLE D ☐ DELETE
NAME WAGNER, STEVE
STREET ADDRESS 508 SUMMERSET COURT
CITY-ST-ZIP SATELLITE BEACH FL 329374.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D ☒ DELETE
NAME KNIGHT, BYRON
STREET ADDRESS 420 HAWTHORN COURT
CITY-ST-ZIP SATELLITE BEACH FL 329375.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR2-12-97 407-779-9365
Date Daytime Phone

CPRE037 (9/96)