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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 740592

1. Corporation Name

LYME BAY ASSOCIATION OF OWNERS, INC.

Principal Place of Business

Mailing Address

P O BOX 732493
SATELLITE BCH FL 32937

P O BOX 732493
SATELLITE BCH FL 32937

PO Box # 15 372493 (NOT 732493)



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

10/28/1977

22 City & State

27 City & State

4. FEI Number
59-1923855

Applied For
Not Applicable

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24

25

29

30

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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 HURLEY, WOODROW
STREET ADDRESS 309 MARKLEY CT
CITY-ST-ZIP INDIAN HARBOR BEACH FL

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE
NAME EDMUNSON, JEAN
STREET ADDRESS 413 HAWTHORNE COURT
CITY-ST-ZIP INDIAN HARBOR BEACH FL

1.2 NAME ☐ Change ☐ Addition

TITLE D ☐ DELETE
NAME KNERR, BILL
STREET ADDRESS 415 HAWTHORN COURT
CITY-ST-ZIP SATELLITE BEACH FL 32937

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE D ☐ DELETE
NAME WNEK, WARREN E.
STREET ADDRESS 507 SUMMERSSET COURT
CITY-ST-ZIP INDIAN HARBOUR BEACH FL 32937

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D ☐ DELETE
NAME POTTER, MURIEL
STREET ADDRESS 414 HAWTHORNE CT
CITY-ST-ZIP INDIAN HARBOR BEACH FL

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

SIGNATURE:

Signature of Bill Knerr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)