

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90036 043 ****61.25

DOCUMENT # 740592

1. Entity Name

LYME BAY ASSOCIATION OF OWNERS, INC.

Principal Place of Business

Mailing Address

PO BOX 372493
 SATELLITE BCH FL 32937

PO BOX 372493
 SATELLITE BCH FL 32937-0493

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1923855**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KNERR, BILL
415 HAWTHORN COURT
SATELLITE BEACH FL 32937

Name **DWIGHT ENTWISTLE**

Street Address (P.O. Box Number is Not Acceptable)
408 HAWTHORNE COURT

City **INDIAN HARBOUR BEACH FL** Zip Code **32937**

8. 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

Bill Knerr

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
 NAME **HURLEY, WOODROW**
 STREET ADDRESS **309 MARKLEY CT**
 CITY-ST-ZIP **INDIAN HARBOR BEACH FL**

TITLE **D** ☐ Change ☒ Addition
 NAME **DWIGHT ENTWISTLE**
 STREET ADDRESS **408 HAWTHORNE CT.**
 CITY-ST-ZIP **INDIAN HARBOUR BEACH, FL 32937**

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

TITLE **D** ☐ Change ☒ Addition
 NAME **DEBORAH KING**
 STREET ADDRESS **409 HAWTHORNE CT**
 CITY-ST-ZIP **INDIAN HARBOUR BEACH, FL 32937**

TITLE **D** ☒ Delete
 NAME **KNERR, BILL**
 STREET ADDRESS **415 HAWTHORN COURT**
 CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE **D** ☐ Change ☒ Addition
 NAME **BARBARA MARCUS**
 STREET ADDRESS **517 SUMMERSET CT**
 CITY-ST-ZIP **INDIAN HARBOUR BEACH, FL 32937**

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

TITLE **D** ☐ Change ☒ Addition
 NAME **PATRICIA CHAMBERS**
 STREET ADDRESS **412 HAWTHORNE CT**
 CITY-ST-ZIP **INDIAN HARBOUR BEACH, FL 32937**

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 20, 2000

CR2E037 (9/99)