

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 740592**

1. Entity Name

LYME BAY ASSOCIATION OF OWNERS, INC.



Principal Place of Business

PO BOX 372493  
SATELLITE BCH FL 32937

Mailing Address

PO BOX 372493  
SATELLITE BCH FL 32937

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE CR2E037 (11/03)

4. FEI Number

59-1923855

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MUIRHEAD, ALLEN  
410 HAWTHORNE COURT  
INDIAN HARBOUR BEACH FL 32937

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete  
ENTWISTLE, DWIGHT  
STREET ADDRESS 408 HAWTHORNE CT  
CITY- ST- ZIP INDIAN HARBOUR BEACH FL 32937

TITLE NAME ☐ Delete  
MUIRHEAD, ALLEN  
STREET ADDRESS 410 HAWTHORNE CT  
CITY- ST- ZIP INDIAN HARBOUR BEACH FL 32937

TITLE NAME ☐ Delete  
KING, DEBORAH  
STREET ADDRESS 409 HAWTHORNE CT  
CITY- ST- ZIP INDIAN HARBOUR BEACH FL 32937

TITLE NAME ☐ Delete  
BERKERY, LINDA  
STREET ADDRESS 507 SUMMERSET COURT  
CITY- ST- ZIP INDIAN HARBOUR BEACH FL 32937

TITLE NAME ☐ Delete  
MARCUS, BARBARA  
STREET ADDRESS 517 SUMMERSET CT  
CITY- ST- ZIP INDIAN HARBOUR BEACH FL 32937

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 02/11/04-80050-001 61.25  
CITY- ST- ZIP

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

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

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

TITLE NAME ☐ Change ☐ Addition  
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:

*Deborah King* *Deborah King*

2/9/04

321-

773-3413

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #