


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90054 019 ****61.25

| | | | |
|---|--|---|--|
| 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 - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent KNERR, WILLIAM 415 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when substituting)</small> DATE _____ | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Make Check Payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | D ENTWISTLE, DWIGHT 408 HAWTHORNE CT INDIAN HARBOUR BEACH FL 32937 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | D KNERR, WILLIAM 415 HAWTHORNE CT INDIAN HARBOUR BEACH FL 32937 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | D KING, DEBORAH 409 HAWTHORNE CT INDIAN HARBOUR BEACH FL 32937 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIRECTOR SUSAN FLOTO 516 SUMMERSET CT. INDIAN HARBOUR BEACH, FL 32937 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | D EDMUNDSON, JEAN 413 HAWTHORNE CT INDIAN HARBOUR BEACH FL 32937 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | D MARCUS, BARBARA 517 SUMMERSET CT INDIAN HARBOUR BEACH FL 32937 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | D HURLEY, WOODROW 309 MARKLEY CT INDIAN HARBOUR BEACH FL 32937 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 #

William L. Knerr 2-8-07 321-779-9365