

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N13920** (6)
1. Corporation Name
LEMON BAY ISLES PROPERTY OWNERS ASSOCIATION, INC



Principal Place of Business

**6341 FALCON DRIVE
ENGLEWOOD FL 34224**

Mailing Address

**6341 FALCON DRIVE
ENGLEWOOD FL 34224**

3. Date Incorporated or Qualified
03/19/1986

3a. Date of Last Report
03/17/1995

2. Principal Place of Business

2a. Mailing Address

21 **6257 FALCON DRIVE**
Suite, Apt. #, etc.

26 **6257 FALCON DRIVE**
Suite, Apt. #, etc.

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

22 City & State
ENGLEWOOD, FL

27 City & State
ENGLEWOOD, FL

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

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

23 Zip **34224** Country **USA**

28 Zip **34224** Country **USA**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NOLAND, WILLIAM S.
6341 FALCON DR
ENGLEWOOD FL 34224**

81 Name **RICHARD WIELAND**
82 Street Address (P.O. Box Number is Not Acceptable)
6168 PARTRIDGE AVENUE
83
84 City **ENGLEWOOD** FL 85 Zip Code **34224**

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

Richard Wieland

President

1-31-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
PO	HOOK, RAYMOND	6341 FALCON DR	ENGLEWOOD FL	<input type="checkbox"/>
VD	WIELAND, DORIS	6168 PARTRIDGE AVE	ENGLEWOOD FL	<input checked="" type="checkbox"/>
SD	FRANCE, IRENE	6198 ORIOLE BLVD	ENGLEWOOD FL	<input type="checkbox"/>
TD	BELL, BERNICE	6257 FALCON DRIVE	ENGLEWOOD FL	<input type="checkbox"/>
D	STIEHL, DORIS	6207 ORIOLE BLVD	ENGLEWOOD FL	<input type="checkbox"/>
D	GORDON, THOMAS	8497 GULL DRIVE	ENGLEWOOD FL	<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

**VD
ROBERT JOHNSON
6449 FALCON DRIVE
ENGLEWOOD, FLORIDA**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Bernice Bell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-96 **941-475-2550**
Date Daytime Phone #

CR2E037 (12/95)