

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 09 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N13920 (6)

1. Corporation Name

LEMON BAY ISLES PROPERTY OWNERS ASSOCIATION, INC

Principal Place of Business

Mailing Address

6257 FALCON DRIVE
ENGLEWOOD FL 34224
US

6257 FALCON DRIVE
ENGLEWOOD FL 34224
US



3. Date Incorporated or Qualified

03/19/1986

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 8426 JACAMAR DR

26 8426 JACAMAR DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 ENGLEWOOD

28 ENGLEWOOD

24 FL

25 US

29 FL

30 US

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WIELAND, RICHARD
6168 PARTRIDGE AVENUE
ENGLEWOOD FL 34224

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 PD
NAME HOOK, RAYMOND
STREET ADDRESS 6341 FALCON DR
CITY-ST-ZIP ENGLEWOOD FL

TITLE VD
NAME JOHNSON, ROBERT
STREET ADDRESS 6449 FALCON DRIVE
CITY-ST-ZIP ENGLEWOOD FL

TITLE S
NAME ELLIS, NANA M
STREET ADDRESS 6149 PARTRIDGE AVE
CITY-ST-ZIP ENGLEWOOD FL

TITLE TD
NAME SCHROPP, DORIS
STREET ADDRESS 8426 JACAMAR DR
CITY-ST-ZIP ENGLEWOOD FL

TITLE D
NAME BEALE, JAY
STREET ADDRESS 6258 FALCON DR
CITY-ST-ZIP ENGLEWOOD FL

TITLE D
NAME GORDON, THOMAS
STREET ADDRESS 8497 GULL DRIVE
CITY-ST-ZIP ENGLEWOOD FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE S
2.2 NAME JAN EYRE
2.3 STREET ADDRESS 6155 PARTRIDGE AVE
2.4 CITY-ST-ZIP ENGLEWOOD, FL 34224

3.1 TITLE D
3.2 NAME ROBERT FRANGE
3.3 STREET ADDRESS 6198 ORIOLE BLVD.
3.4 CITY-ST-ZIP ENGLEWOOD, FL 34224

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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

Signature of registered agent

1/30/98 941-474-7872

CR2E037 (10/97)