

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13920

1. Entity Name

LEMON BAY ISLES PROPERTY OWNERS ASSOCIATION, INC

Principal Place of Business

8426 JACAMAR DR
ENGLEWOOD FL 34224
US

Mailing Address

8426 JACAMAR DR
ENGLEWOOD FL 34224
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

MICH, PETER
6234 BOB WHITE DR
ENGLEWOOD FL 34224

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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.

SIGNATURE

Peter J. Mich President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE VD
NAME SIENKLEWICZ, BEVERLY
STREET ADDRESS 6349 BOB WHITE DR
CITY-ST-ZIP ENGLEWOOD FL 34224 ☐ Delete

TITLE S
NAME EYRE, JAN
STREET ADDRESS 6155 PARTRIDGE AVE
CITY-ST-ZIP ENGLEWOOD FL 34224 ☐ Delete

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

TITLE D
NAME COOK, PAUL
STREET ADDRESS 6239 BUNTING LN
CITY-ST-ZIP ENGLEWOOD FL 34224 ☐ Delete

TITLE D
NAME CHRISTOFFERSON, FRAN
STREET ADDRESS 6185 PARTRIDGE AVE
CITY-ST-ZIP ENGLEWOOD FL 34224 ☐ Delete

TITLE D
NAME Jim Reynolds
STREET ADDRESS 6227 Oriole Blvd
CITY-ST-ZIP Englewood, FL 34224 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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:

Peter J. Mich President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90061 009 ****61.25

702090



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)