2/11/

FILED
May 28, 2002 8:00 am
Secretary of State

02-11-2002 90226 034 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13920

1. Entity Name

LEMON BAY ISLES PROPERTY OWNERS ASSOCIATION, INC

Principal Place of Business	Mailing Address
6428 JACAMAR DR ENGLEWOOD FL 34224 US	6428 JACAMAR DR ENGLEWOOD FL 34224 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired. ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

delete

MICH, PETER JAY BEAL

6234 BOB WHITE DR

ENGLEWOOD FL 34224

7. Name and Address of New Registered Agent

Name JAY BEALE

Street Address (P.O. Box Number is Not Acceptable) 6238 FALCON DR

City ENGLEWOOD FL Zip Code 34224

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 Jay T Beale President 3/27/02

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SIENKLEWICZ, BEVERLY 6349 BOB WHITE DR ENGLEWOOD FL 34224	☒ Delete	VD James Bement 6249 GreeN FINCH RD ENGLEWOOD, FL 34224	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S EYRE, JAN 6155 PARTRIDGE AVE ENGLEWOOD FL 34224	☒ Delete	S SALLY ROGERS 6264 Sparrow LANE ENGLEWOOD, FL 34224	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SCHROPP, DORIS 6428 JACAMAR DR ENGLEWOOD FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COOK, PAUL 6239 BUNTING LN ENGLEWOOD FL 34224	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHRISTOFFERSON, FRAN 6185 PARTRIDGE AVE ENGLEWOOD FL 34224	☒ Delete	D DON ROUSSIN 6276 FALCON DR ENGLEWOOD, FL 34224	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REYNOLDS, JIM 6227 ORIOLE BLVD ENGLEWOOD FL 34224	☐ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

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: SIGNATURE REQUIRED Doris M Schropp, Treas. 5/18/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #