2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2005 8:00 am
Secretary of State
02-09-2005 90050 046 ****61.25

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1st MOORE CR2E037 (10/04)

DOCUMENT # N13920

1. Entity Name

LEMON BAY ISLES PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8426 JACAMAR DR ENGLEWOOD FL 34224 US	8426 JACAMAR DR ENGLEWOOD FL 34224 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	8426 JACAMAR DR Suite, Apt. #, etc.
City & State	City & State: ENGLEWOOD FL
Zip / Country	Zip: 34224 / Country: Charlotte

4. FEI Number: NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GUIDANI, DOMINIC
6222 FALCON DR
ENGLEWOOD FL 34224

7. Name and Address of New Registered Agent

Name: Lee Demers PRESIDENT
Street Address (P.O. Box Number is Not Acceptable): 6162 Rewing Ave
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: X Lee Demers
(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
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	VP GARBO, PAUL 6288 BUNTING LANE ENGLEWOOD FL 34224	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GINO LAVARINI 6269 Bunting Ln Englewood FL 34224	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ROGERS, SALLY 6264 SPARROW LANE ENGLEWOOD FL 34224	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S NANCY NOSKER 6174 REWING AVE ENGLEWOOD, FL 34224	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SCHROPP, DORIS 8426 JACAMAR DR ENGLEWOOD FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARY JO VANWINKLE 6252 FALCON DR ENGLEWOOD, FL 34224	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWER, BROCK 6215 ORIOLE BLVD ENGLEWOOD FL 34224	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Lee Demers PRESIDENT 6162 REWING AVE ENGLEWOOD, FL 34224	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROUSSIN, DON 6276 FALCON DRIVE ENGLEWOOD FL 34224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REYNOLDS, JIM 6227 ORIOLE BLVD ENGLEWOOD FL 34224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: X Lee Demers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #