
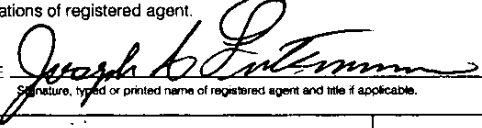
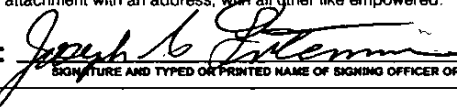


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90004 005 ****61.25

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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DEMERS, LEE 6162 REDWING AVE ENGLEWOOD, FL 34224			7. Name and Address of New Registered Agent Name Joseph Gutermann Street Address (P.O. Box Number is Not Acceptable) 6203 Partridge Avenue Englewood, Fl. 34224 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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 VP NAME LAVARINI, GINO STREET ADDRESS 6269 BUNTARY LN CITY-ST-ZIP ENGLEWOOD, FL 34224	<input checked="" type="checkbox"/> Delete		TITLE President NAME Joseph Gutermann STREET ADDRESS 6203 Partridge Av. CITY-ST-ZIP Englewood, Fl. 34224	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME DEMERS, LEE STREET ADDRESS 6162 REDWING AVE CITY-ST-ZIP ENGLEWOOD, FL 34224	<input checked="" type="checkbox"/> Delete		TITLE vice president NAME Doris Plante STREET ADDRESS 8461 Albatross Ln. CITY-ST-ZIP Englewood, Fl. 34224	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME LAVARNI, GINO STREET ADDRESS 6269 BUNTING LN CITY-ST-ZIP ENGLEWOOD, FL 34224	<input checked="" type="checkbox"/> Delete		TITLE Director NAME Alan Beard STREET ADDRESS 6251 Bunting Lane CITY-ST-ZIP Englewood, Fl. 34224	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME DEMERS, LEE STREET ADDRESS 6162 REWING AVE CITY-ST-ZIP ENGLEWOOD, FL 34224	<input checked="" type="checkbox"/> Delete		TITLE Director NAME Charlotte Dobney STREET ADDRESS 6119 Falcon Drive CITY-ST-ZIP Englewood, Fl. 34224	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME ROUSSIN, DON STREET ADDRESS 6276 FALCON DRIVE CITY-ST-ZIP ENGLEWOOD, FL 34224	<input checked="" type="checkbox"/> Delete		TITLE Director NAME Mary Jo Van Winkle STREET ADDRESS 6252 Falcon Drive CITY-ST-ZIP Englewood, Fl. 34224	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME REYNOLDS, JIM STREET ADDRESS 6227 ORIOLE BLVD CITY-ST-ZIP ENGLEWOOD, FL 34224	<input checked="" type="checkbox"/> Delete		TITLE Secretary NAME Nana Ellis STREET ADDRESS 6149 Partridge Av. CITY-ST-ZIP Englewood, Fl. 34224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Date _____ Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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01182007 Chg-NP CR2E037 (12/06)

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

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Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE <div style="float: right; border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEMERS, LEE 6162 REDWING AVE ENGLEWOOD, FL 34224			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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SIGNATURE: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE</div>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	VP <input checked="" type="checkbox"/> Delete		TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LAVARINI, GINO		NAME	Doris Schropp	
STREET ADDRESS	6269 BUNTARY LN		STREET ADDRESS	8426 Jacamar Drive	
CITY-ST-ZIP	ENGLEWOOD, FL 34224		CITY-ST-ZIP	Englewood, Fl. 34224	
TITLE	P <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEMERS, LEE		NAME		
STREET ADDRESS	6162 REDWING AVE		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD, FL 34224		CITY-ST-ZIP		
TITLE	VP <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAVARNI, GINO		NAME		
STREET ADDRESS	6269 BUNTING LN		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD, FL 34224		CITY-ST-ZIP		
TITLE	P <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEMERS, LEE		NAME		
STREET ADDRESS	6162 REWING AVE		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD, FL 34224		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROUSSIN, DON		NAME		
STREET ADDRESS	6276 FALCON DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD, FL 34224		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REYNOLDS, JIM		NAME		
STREET ADDRESS	6227 ORIOLE BLVD		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD, FL 34224		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <div style="float: right;"> <small>Date</small> <small>Daytime Phone #</small> </div>					

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