

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13920

**FILED**  
**Mar 12, 2010**  
**Secretary of State**

**Entity Name:** LEMON BAY ISLES PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

8426 JACAMAR DR  
ENGLEWOOD, FL 34224 US

**New Principal Place of Business:**

**Current Mailing Address:**

8426 JACAMAR DR  
ENGLEWOOD, FL 34224 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHROPP, DORIS M TREASUR  
8426 JACAMAR DR.  
ENGLEWOOD, FL 34224 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SIENKIEWICZ, BEVERLY PRES  
Address: 6349 BOB WHITE DR.  
City-St-Zip: ENGLEWOOD, FL 34224

Title: VP  
Name: BEARD, ALAN VP  
Address: BUNTING LANE  
City-St-Zip: ENGLEWOOD, FL 34224

Title: D  
Name: LUNN, DONALD D  
Address: 6162 PARTRIDGE AVE.  
City-St-Zip: ENGLEWOOD, FL 34224

Title: D  
Name: BRINCH, JUNE D  
Address: 6281 SPARROW LN.  
City-St-Zip: ENGLEWOOD, FL 34224

Title: D  
Name: GROTRAIN, BEVERLY D  
Address: 6282 PARAKEET DR.  
City-St-Zip: ENGLEWOOD, FL 34224

Title: S  
Name: ELLIS, NANA S  
Address: 6149 PARTRIDGE AVE  
City-St-Zip: ENGLEWOOD, FL 34224

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DORIS M. SCHROPP

TREA

03/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date