


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 01, 2004 8:00 am
Secretary of State

09-01-2004 90003 046 ****61.25

DOCUMENT # N9900002551

1. Entity Name
LYNDELL PLANTATION HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address

~~12215 LYNDELL PLANTATION DR~~ ~~PANAMA CITY BEACH FL 32407~~

~~T007 JENKS AVENUE~~ ~~PANAMA CITY FL 32404~~

2. Principal Place of Business 3. Mailing Address

~~LYNDELL PLANTATION S/D~~ ~~P.O. BOX 18911~~


Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

~~PANAMA CITY BEACH, FL~~ ~~PANAMA CITY BEACH, FL~~

Zip Country Zip Country

~~32407~~ ~~BAH~~ ~~32417~~ ~~BDH~~



MOORE CR2E037 (4/04)

4. FEI Number **59-3584138** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

~~BYERS, MIKE~~
~~12215 LYNDELL PLANTATION DR.~~
~~PANAMA CITY BEACH FL 32407~~

7. Name and Address of New Registered Agent

Name **KERN L. THOMAS**

Street Address (P.O. Box Number is Not Acceptable)
12237 LYNDELL PLANTATION DRIVE

City **PANAMA CITY BEACH, FL** Zip Code **32407**

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 **KERN L. THOMAS** *[Signature]* **8-29-04**

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 September 8, 2004.

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	PSD BYERS, MIKE 12215 LYNDELL PLANTATION DR PANAMA CITY BEACH FL 32407 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PRESIDENT/TREASURER KERN L. THOMAS 12237 LYNDELL PLANTATION DRIVE PANAMA CITY BEACH, FL 32407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYERS, MIKE 12215 LYNDELL PLANTATION DR PANAMA CITY BEACH FL 32407 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition V/D RICHARD SHAW 12231 LYNDELL PLANTATION DR. PANAMA CITY BEACH, FL 32407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORTMOLLER, DEXTER 12205 LYNDELL PLANTATION DR PANAMA CITY BEACH FL 32407 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S/D PATRICIA SMITH 803 LYNDELL WAY PANAMA CITY BEACH, FL 32407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARREN, JOHN 12207 LYNDELL PLANTATION DR PANAMA CITY BEACH FL 32407 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D CHARLES LAMB 12238 LYNDELL PLANTATION DR. PANAMA CITY BEACH, FL 32407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD FALKE, HEINZ 704 LYNDELL CIR PANAMA CITY BEACH FL 32407 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D BRIAN DAYISON 12202 LYNDELL PLANTATION DR. PANAMA CITY BEACH, FL 32407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **KERN L. THOMAS** *[Signature]* **8-29-04** **850-890-8600**

Signature and typed or printed name of signing officer or director Date Daytime Phone #