

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000005289

**Entity Name:** THE LYCEUM GATEWAY CONDOMINIUM OWNERS ASSOCIATION, INC.

**FILED**  
**Jan 25, 2023**  
**Secretary of State**  
**8607099052CC**

**Current Principal Place of Business:**

45 CENTRAL SQUARE  
SEASIDE, FL 32459

**Current Mailing Address:**

C/O ANCHOR MANAGEMENT, INC.  
POST OFFICE BOX 9346  
PANAMA CITY BEACH, FL 32417

**FEI Number: 26-3230737**

**Certificate of Status Desired: No**

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

DUNBAR, PETER M. ESQ.  
215 S. MONROE STREET  
815  
TALLAHASSEE, FL 32301 US

*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: PETER M. DUNBAR**

**01/25/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SEC, TREASURER  
Name AVERA, PAM  
Address C/O SEASIDE COMMUNITY DEVELOPMENT CORP  
POST OFFICE BOX 4730  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title PRESIDENT  
Name PLUNK, JOHN  
Address 112 N. LINDSAY LANE  
City-State-Zip: ATHENS AL 35613

Title VP  
Name SILEO, AMY  
Address 1326 N. RENDON STREET  
City-State-Zip: NEW ORLEANS LA 70119

Title DIRECTOR  
Name STENGEL, BRAD  
Address 4301 RIVER HILL LANE  
City-State-Zip: LOUISVILLE KY 40207

Title DIRECTOR  
Name ZIMMERMAN, PETER  
Address 600 JACKSON BLVD  
City-State-Zip: NASHVILLE TN 37205

*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: JOHN PLUNK**

**PRESIDENT**

**01/25/2023**

Electronic Signature of Signing Officer/Director Detail

Date