

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13920

Entity Name: LEMON BAY ISLES PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**2840 WAXWING LANE
ENGLEWOOD, FL 34224**Current Mailing Address:**2840 WAXWING LANE
ENGLEWOOD, FL 34224 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**FOURNIER, NANCY J.
6263 PARAKEET ROAD
ENGLEWOOD, FL 34224 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:** NANCY J FOURNIER

01/31/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name FOURNIER, NANCY
Address 6263 PARAKEET RD
City-State-Zip: ENGLEWOOD FL 34224

Title VP
Name KUSTRA, CLARA
Address 8503 GULL DR
City-State-Zip: ENGLEWOOD FL 34224

Title DIRECTOR
Name BACZYNSKI, SHARON
Address 8437 ALBATROSS LANE
City-State-Zip: ENGLEWOOD FL 34224

Title SECRETARY
Name DICKINSON, RENEE
Address 6263 BUNTING LANE
City-State-Zip: ENGLEWOOD FL 34224

Title TREASURER
Name SCHOPPMAN, SUE
Address 6276 BOB WHITE DRIVE
City-State-Zip: ENGLEWOOD FL 34224

Title DIRECTOR
Name ROFFE, CAROL
Address 6150 PARTRIDGE AVENUE
City-State-Zip: ENGLEWOOD FL 34224

Title DIRECTOR
Name HARTMAN, BONNIE
Address 6413 FALCON DR
City-State-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: NANCY J FOURNIER

PRESIDENT

01/31/2023

Electronic Signature of Signing Officer/Director Detail

Date