

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR).

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90037 021 ****61.25

DOCUMENT # 731179

1. Entity Name

LYME BAY COLONY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

2100 40TH STREET
ORLANDO FL 32839-7507

Mailing Address

2100 40TH STREET
ORLANDO FL 32839-7507

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-1640438

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCOY, SHAWN
LYME BAY COLONY CONDOMINIUMS
2100 40TH ST.
ORLANDO FL 32839

7. Name and Address of New Registered Agent

Name

CORRINE BRUNSCHWIG

Street Address (P.O. Box Number is Not Acceptable)

200 Bald Cypress Court

Longwood,

City

(forward any info to 2100 40th St.)

FL

Zip Code

32779

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

Signature, typed or printed name of registered agent and title, applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2005

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

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MCCOY, SHAWN	
STREET ADDRESS	2203 LYME BAY DRIVE	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CARPENTER, HOYT	
STREET ADDRESS	1096 DEPOT COURT	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	BRUNSCHWIG, THIERRY	
STREET ADDRESS	200 BALD CYPRESS COURT	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	MCCOY, SUSAN	
STREET ADDRESS	2203 LYME BAY DR.	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCHUGH, ANTHONY	
STREET ADDRESS	2219 LYME BAY DR.	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUNSCHWIG, CORRINE	
STREET ADDRESS	200 Bald Cypress Ct.	
CITY-ST-ZIP	Longwood, FL 32779	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, MINGTOY	
STREET ADDRESS	741 Citrus Cove Drive	
CITY-ST-ZIP	Winter Garden, FL 34787	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST HAGAN, WILLIAM C.	
STREET ADDRESS	3922 Coronation Ct.	
CITY-ST-ZIP	Orlando, FL 32839	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, David	
STREET ADDRESS	Rt. 2, Box 2786	
CITY-ST-ZIP	Piedmont, MO 63957	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

(Signature)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/05

407-423-2140

Date

Daytime Phone #