

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # 740592

1. Entity Name
LYME BAY ASSOCIATION OF OWNERS, INC.



Principal Place of Business
**PO BOX 372493
SATELLITE BCH, FL 32937**

Mailing Address
**PO BOX 372493
SATELLITE BCH, FL 32937**



01082008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1923855	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KNERR, WILLIAM
415 HAWTHORNE COURT
INDIAN HARBOUR BEACH, FL 32937**

**DO NOT WRITE
IN THIS SPACE**

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENTWISTLE, DWIGHT 408 HAWTHORNE CT INDIAN HARBOUR BEACH, FL 32937
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNERR, WILLIAM 415 HAWTHORNE CT INDIAN HARBOUR BEACH, FL 32937
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLOTO, SUSAN 516 SUMMERSET CT INDIAN HARBOUR BEACH, FL 32937
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDMUNDSON, JEAN 413 HAWTHORNE CT INDIAN HARBOUR BEACH, FL 32937
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCUS, BARBARA 517 SUMMERSET CT INDIAN HARBOUR BEACH, FL 32937
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HURLEY, WOODROW 309 MARKLEY CT INDIAN HARBOUR BEACH, FL 32937
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02/12/08-80079-001 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

William I. Knerr, Treas.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-08
Date

321-779-9365
Daytime Phone #