2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# 740592

Entity Name: LYME BAY ASSOCIATION OF OWNERS, INC.

Current Principal Place of Business:

PO BOX 372493
SATELLITE BCH, FL 32937

New Principal Place of Business:

415 HAWTHORNE CT
INDIAN HARBOUR BEACH, FL 32937

Current Mailing Address:

PO BOX 372493
SATELLITE BCH, FL 32937

New Mailing Address:

FEI Number: 59-1923855 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	ENTWISTLE, DWIGHT	
Address:	408 HAWTHORNE CT	
City-St-Zip:	INDIAN HARBOUR BEACH, FL 32937	
Title:	D	( ) Delete
Name:	KNERR, WILLIAM	
Address:	415 HAWTHORNE CT	
City-St-Zip:	INDIAN HARBOUR BEACH, FL 32937	
Title:	D	( ) Delete
Name:	FLOTO, SUSAN	
Address:	516 SUMMERSET CT	
City-St-Zip:	INDIAN HARBOUR BEACH, FL 32937	
Title:	D	( ) Delete
Name:	EDMUNDSON, JEAN	
Address:	413 HAWTHORNE CT	
City-St-Zip:	INDIAN HARBOUR BEACH, FL 32937	
Title:	D	( ) Delete
Name:	MARCUS, BARBARA	
Address:	517 SUMMERSET CT	
City-St-Zip:	INDIAN HARBOUR BEACH, FL 32937	
Title:	D	( ) Delete
Name:	HURLEY, WOODROW	
Address:	309 MARKLEY CT	
City-St-Zip:	INDIAN HARBOUR BEACH, FL 32937	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM I. KNERR TREA 02/17/2009
Electronic Signature of Signing Officer or Director — Date