

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740592

FILED
Jan 04, 2010
Secretary of State

Entity Name: LYME BAY ASSOCIATION OF OWNERS, INC.

Current Principal Place of Business:

415 HAWTHORNE CT
INDIAN HARBOUR BEACH, FL 32937

New Principal Place of Business:

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 (X)

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
Name: ENTWISTLE, DWIGHT
Address: 408 HAWTHORNE CT
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: D
Name: KNERR, WILLIAM
Address: 415 HAWTHORNE CT
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: D
Name: FLOTO, SUSAN
Address: 516 SUMMERSET CT
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: D
Name: EDMUNDSON, JEAN
Address: 413 HAWTHORNE CT
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: D
Name: MARCUS, BARBARA
Address: 517 SUMMERSET CT
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: D
Name: HURLEY, WOODROW
Address: 309 MARKLEY CT
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

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: WILLIAM KNERR

TREA

01/04/2010

Electronic Signature of Signing Officer or Director

Date