FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:10

DOCUMENT # 762644 (3)

1. Corporation Name

PATIO HOMES AT LYME BAY HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
442 HAWTHORNE CT P.O. BOX 372614 SATELLITE BCH FL 32937	442 HAWTHORNE CT P.O. BOX 372614 SATELLITE BCH FL 32937

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/29/1982
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-2265411 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 537 Summerset Ct	26 537 Summerset Ct
Suite, Apt. #, etc. 22 P.O. Box 372614	Suite, Apt. #, etc. 27 P.O. Box 372614
City & State 23 Satellite Beach, FL.	City & State 28 Satellite Beach
Zip / Country 24 32937 / 25 USA	Zip / Country 29 32937 / 30 USA

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GEMMELL, JACK
537 SUMMERSET CT
INDIAN HARBOUR BEACH FL 32937

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE		☐ Change ☐ Addition
NAME	HEILBRUN, SUSAN	1.2 NAME		
STREET ADDRESS	534 SUMMERSET CT	1.3 STREET ADDRESS		
CITY-ST-ZIP	INDIAN HRBR BCH FL	1.4 CITY-ST-ZIP		
TITLE	DS	2.1 TITLE	DS	☒ Change ☐ Addition
NAME	RIEPENHOFF, MARGARET	2.2 NAME	CHRISTINA POMEROY	
STREET ADDRESS	433 HAWTHORNE CT	2.3 STREET ADDRESS	427 HAWTHORNE CT.	
CITY-ST-ZIP	INDIAN HRBR BCH FL	2.4 CITY-ST-ZIP	INDIAN HARBOUR BCH FL	
TITLE	TD	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	KROHN, CHARLES	3.2 NAME	JOAN M. PENOVICH	
STREET ADDRESS	432 HAWTHORNE CT	3.3 STREET ADDRESS	434 HAWTHORNE CT.	
CITY-ST-ZIP	INDIAN HRBR BCH FL	3.4 CITY-ST-ZIP	INDIAN HARBOUR BCH FL	
TITLE	DP	4.1 TITLE		☐ Change ☐ Addition
NAME	GEMMELL, JACK	4.2 NAME		
STREET ADDRESS	537 SUMMERSET CT	4.3 STREET ADDRESS		
CITY-ST-ZIP	INDIAN HARBOUR BCH FL	4.4 CITY-ST-ZIP		
TITLE	MD	5.1 TITLE		☐ Change ☐ Addition
NAME	SEGMILLER, GEORGE	5.2 NAME		
STREET ADDRESS	532 SUMMERSET CT	5.3 STREET ADDRESS		
CITY-ST-ZIP	INDIAN HARBOUR BCH FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joan M. Penovich — 2-14-95 — 407-777-3707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOAN M. PENOVICH, TREASURER

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