AMOUNT DIE ON OR BEFORE A7/06: \$41.25 (IF ISSUIVED, MINIMALM AMOUNT DIE TO REMEXITE: \$296.25) NONPROPIT CORPORATION ANNUAL REPORT 1996 PATIO HOMES AT LYME BAY HOMEOWNERS' ASSOCIATION, INC. Program Place of Business Making Address OVERSION OF CORPORATIONS NIC. Pation Homes Making Address Making Address Pation Homes ATELLITE BOH FL 28207 US 3. Dato Program Place of Business Well and Address of Corporation Annual Control of Corporation Annual Corporation A		N OR REFORE 8/7/06:	KI IUN WILL DE DISS ¢61 25 /IF DISSOIVED	SOLVED ON OR AFTER A	TO REINSTATE: \$226	25.1
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DOCUMENT # 762644 (3) PATIO HOMES AT LYME BAY HOMEOWNERS' ASSOCIATION. Program Place of Business ***SUBMANERSET CT PO. BOX 37514 ***SATELLITE BOH FL 22937 ***SATELLITE BOH FL 229	ANN			•		
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INC.	DOCU 1. Corporation	MENT #	762644	(3)		
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Seminary Street Address of New Registered Agent Street Address of New Registered Agent Street Address PO_Box Number is Not Acceptable),	Zip	₁	· —	¬ ` ⊢	_	
SIGNATURE 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, principate of principal the collegations of the collegation of the col	**1					10. Name and Address of New Registered Agent
SIGNATURE 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, principate of principal the collegations of the collegation of the col	25.0	×			81 Name	Susan Heilbrun
INDIAN HARBOUR BEACH FL 32937 63 64 City Indian Harbour Beach FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent of the provisions of Sections 617.0502, Florida Statutes. 12.					82 Street	Address (P.O. Box Number is Not Acceptable)
11. Pursuant to the provisions of Sections 617.0502 and 817.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent of printed name of registery of sent, or both, in he state of Florida. Soch change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am tarphilar with, and about the obligations of Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. TITLE VO DELETE 1.1 TITLE President Sus an Heilbrun STREET ADDRESS SA4 SUMMERSET CT 1.3 STREET ADDRESS SA4 SUMMERSET CT 1.3 STREET ADDRESS SA4 SUMMERSET CT 1.4 CITY-SI-ZIP ITITLE DELETE 2.1 TITLE SECRETARY D.S Change Addition NAME POMEROY, CHRISTINA STREET ADDRESS 427 HAWTHORNE CT. CITY-SI-ZIP NDIAN HRBR BCH FL DELETE 2.1 TITLE SECRETARY DELETE 2.2 STREET ADDRESS 3.1 TITLE SECRETARY D.S Change Addition Addition NAME PENOVICH, JOAN M 3.2 MAME PENOVICH, JOAN M STREET ADDRESS 434 HAWTHORNE CT. CITY-SI-ZIP INDIAN HRBR BCH FL TD DELETE 3.1 TITLE DELETE 3.2 GARDING Change Addition Addition Addition Addition Addition Addition Addition ADDITIONS DELETE ADDITIONS DELETE TO Change Addition Change Addition ADDITIONS DELETE ADDITIONS DELETE ADDITIONS DELETE DELETE 1.1 TITLE DELETE 1.2 DELETE 2.2 CITY-SI-ZIP ADDITIONS DELETE DELETE 1.3 TITLE DELETE DELET						
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CITY-SI-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	SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	VO HEILBRUN, S 534 SUMMER INDIAN HRBR DS POMEROY, C 1NDIAN HRBR TD PENOVICH, J 434 HAWTHO INDIAN HRBR DP GEMMELL, J 537 SUMMER INDIAN HRBR DP GEMMELL, J 537 SUMMER INDIAN HARB MD SEGMILLER, 532 SUMMER INDIAN HARB	iections 617.0502 and John, if the State of Float obting the obligations of registered sent and the OFFICERS AND DIR USAN ISET CT IS BCH FL. CHRISTINA IRNE CT. I BCH FL. OAN MI IRNE CT. I BCH FL. OACK ISET CT. OUR BCH FL.	The if applicable INOTE ECTORS DELETE DELETE DELETE DELETE	Registered Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME 6.3 NAME	Indian Harbour Beach FL 85 32937 corporation submits this statement for the purpose of changing its registered oration's board of directors. Thereby accept the appointment as registered oration's board of directors. Thereby accept the appointment as registered oration's board of directors. Thereby accept the appointment as registered oration's board of directors. Thereby accept the appointment as registered oration's board of directors. The part of the part

made under oath, that I am an officer or director of the corporation or the receiver or trustee em that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED MANIE OF SIGNING OFFICER OR DIRECTOR

6-11-96 Date

Daytime Phone #