FILE NOW: FILING FEE IS $61.25

FILED
Mar 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **762644** **(3)**

1. Corporation Name

PATIO HOMES AT LYME BAY HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
534 SUMMERSET CT P.O. BOX 372614 SATELLITE BCH FL 32937 US	534 SUMMERSET CT P.O. BOX 372614 SATELLITE BCH FL 32937-0614 US

3. Date Incorporated or Qualified: 03/29/1982
3a. Date of Last Report: 07/08/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-2265411 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HEILBRUN, SUSAN
534 SUMMERSET CT
SATELLITE BCH FL 32937

10. Name and Address of New Registered Agent

81 Name: GEMMELL, JACK
82 Street Address (P.O. Box Number is Not Acceptable): 537 SUMMERSET COURT
83
84 City: IND. HAR. BEACH FL 85 Zip Code: 32937

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, 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 617.0503, Florida Statutes.

SIGNATURE: [signature] Jack E. GEMMELL 3-17-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	HEILBRUN, SUSAN		1.2 NAME	GEMMELL, JACK	
STREET ADDRESS	534 SUMMERSET CT		1.3 STREET ADDRESS	537 SUMMERSET COURT	
CITY-ST-ZIP	INDIAN HRBR BCH FL 32937		1.4 CITY-ST-ZIP	INDIAN HRBR BCH. FL. 32937	
TITLE	S	☒ DELETE	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	REID, MARTHA J		2.2 NAME	SWOBODAY, PATRICIA	
STREET ADDRESS	344 MARKLEY CT.		2.3 STREET ADDRESS	527 SUMMERSET COURT	
CITY-ST-ZIP	INDIAN HARBOUR BCH. FL 32937		2.4 CITY-ST-ZIP	INDIAN HRBR BCH. FL. 32937	
TITLE	TD	☒ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	PENOVICH, JOAN M		3.2 NAME	KILLIAN DONALD	
STREET ADDRESS	434 HAWTHORNE CT.		3.3 STREET ADDRESS	526 SUMMERSET COURT	
CITY-ST-ZIP	INDIAN HRBR BCH FL 32937		3.4 CITY-ST-ZIP	INDIAN HRBR BCH. FL. 32937	
TITLE	VD	☒ DELETE	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	PLEMONS, AMELIA		4.2 NAME	WOLFF RENEE	
STREET ADDRESS	525 SUMMERSET CT		4.3 STREET ADDRESS	339 MARKLEY COURT	
CITY-ST-ZIP	SATELLITE BCH FL 32937		4.4 CITY-ST-ZIP	INDIAN HRBR BCH. FL. 32937	
TITLE	DM	☒ DELETE	5.1 TITLE	MD	☒ Change ☐ Addition
NAME	MOREY, FRANK		5.2 NAME	SEGMILLER GEORGE	
STREET ADDRESS	334 MARKLEY CT.		5.3 STREET ADDRESS	532 SUMMERSET COURT	
CITY-ST-ZIP	INDIAN HARBOUR BCH. FL 32937		5.4 CITY-ST-ZIP	INDIAN HRBR. BCH. FL 32937	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

407-777-6589

SIGNATURE: [signature] 3-17-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 001R647