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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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 US

3. Date Incorporated or Qualified: 03/29/1982

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

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GEMMELL, JACK
537 SUMMERSET COURT
INDIAN HARBOR 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 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: J. C. Gemmell 1-11-98
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	GEMMELL, JACK		1.2 NAME	GEMMELL, JACK	
STREET ADDRESS	537 SUMMERSET CT.		1.3 STREET ADDRESS	537 SUMMERSET CT	
CITY-ST-ZIP	INDIAN HRBR BCH FL		1.4 CITY-ST-ZIP	IND. HBR BCH, FL	
TITLE	SD	☒ DELETE	2.1 TITLE	SD	☐ Change ☐ Addition
NAME	SWOBODAY, PATRICIA		2.2 NAME	RIEPENHOFF PEGGY	
STREET ADDRESS	527 SUMMERSET COURT		2.3 STREET ADDRESS	433 HAWTHORNE CT	
CITY-ST-ZIP	INDIAN HARBOUR BCH. FL		2.4 CITY-ST-ZIP	IND. HBR. BCH, FL 32937	
TITLE	TD	☒ DELETE	3.1 TITLE	TD	☐ Change ☐ Addition
NAME	KILLIAN, DONALD		3.2 NAME	MS GOGAN TRACY	
STREET ADDRESS	526 SUMMERSET COURT		3.3 STREET ADDRESS	436 MARKLEY CT	
CITY-ST-ZIP	INDIAN HRBR BCH FL		3.4 CITY-ST-ZIP	IND HBR BCH FLA	
TITLE	VD	☒ DELETE	4.1 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	WOLFF, RENEE		4. 2 NAME	ROSADA	
STREET ADDRESS	339 MARKLEY COURT		4.3 STREET ADDRESS	2 SANDPIPE	
CITY-ST-ZIP	INDIAN HRBR BEACH FL		4.4 CITY-ST-ZIP	INDIALANTIC, FLA	
TITLE	VD	☒ DELETE	5.1 TITLE	VD	☑ Change ☐ Addition
NAME	SEGMILLER, GEORGE		5.2 NAME	LABOSSIERE, GIRARD	
STREET ADDRESS	532 SUMMERSET COURT		5.3 STREET ADDRESS	336 MARKLEY CT	
CITY-ST-ZIP	INDIAN HARBOUR BCH. FL		5.4 CITY-ST-ZIP	IHB 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 (10/97)

14. I 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.

SIGNATURE: J. C. Gemmell 1/11/98 407-259-2411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #