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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 762644

1. Corporation Name

PATIO HOMES AT LYME BAY HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
537 SUMMERSET CT P.O. BOX 372614 SATELLITE BCH FL 32937 US	537 SUMMERSET CT P.O. BOX 372614 SATELLITE BCH FL 32937 US

2. Principal Place of Business 21 537 SUMMERSET	2a. Mailing Address 26 537 SUMMERSET	3. Date Incorporated or Qualified 03/29/1982
Suite, Apt. #, etc. 22 P.O. Box 372614	Suite, Apt. #, etc. 27 P.O. Box 372614	4. FEI Number 59-2265411 ☐ Applied For ☐ Not Applicable
City & State 23 SAT. BCH	City & State 28 SAT. BCH	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 32937 25 USA	Zip / Country 29 32937 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

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 Stree
83
84 City

Diane C. Gemmell
537 Summerset Ct
Satellite Beach FL 32937 *

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 _____ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GEMMELL, JACK 537 SUMMERSET CT. INDIAN HRBR BCH FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD MCGOVERN, TRACEY 433 HAWTHORNE CT IND. HAR. BCH, FL 32937-4051 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RIEPENHOFF, PEGGY 433 HAWTHORNE CT INDIAN HARBOR BEACH FL 32937	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	SD RENEE' WOLFF 339 MARKLEY CT IND. HAR. BCH, FL 32937-4051 X ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MCGOVERN, TRACEY 436 MARKLEY CT INDIAN HARBOR BEACH FL	☐ DELETE	3.1 TITLE * / 3.2 NAME / 3.3 STREET ADDRESS / 3.4. CITY-ST-ZIP	TD DIANE C. HUNTER-GEMMELL 537 SUMMERSET CT IND HAR BCH, FL 32937-4051 ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SANTA, 214 SANDPINE INDIAN HARBOR BEACH FL 32937	☒ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	VP MARITA BURNICK 338 MARKLEY CT IND. HAR. BCH, FL 32937-4051 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LABOSSIERE, GIRARD 336 MARKLEY CT INDIAN HARBOR BEACH FL 32937	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	VD DON LITTLEJOHN 345 MARKLEY CT IND. HAR. BCH FL 32937-4051 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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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, with all other like empowered.

SIGNATURE: Diane C. Gemmell 3-15-99 407 779-1280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #