## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** DOCUMENT # 762644 Mar 07, 2000 8:00 am 1. Entity Name **Secretary of State** PATIO HOMES AT LYME BAY HOMEOWNERS' ASSOCIATION, 03-07-2000 90109 033 \*\*\*\*61.25 Principal Place of Business Mailing Address 537 SUMMERSET 537 SUMMERSET P.O. BOX 3272614 P.O. BOX 3272614 SATELLITE BCH FL 32937-4051 SATELLITE BCH FL 32937 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-2265411 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GEMMELL, DIANE C 537 SUMMERSET COURT INDIAN HARBOR BEACH FL 32937 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE (NQTE: Registered Agent signature required when reinstating) FILE NOW: 📆 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10 Change ☐ Addition Delete TITLE TITLE NAME NAME MCGOVERN, TRACEY STREET ADDRESS STREET ADDRESS 433 HAWTHORNE COURT CITY-ST-ZIP CITY-ST-7IP INDIAN HRBR BCH FL 32937-4051 ☐ Change ☐ Addition TITLE SD ☐ Delete TITLE NAME WOLFE, RENEE NAME 339 MARKLEY COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP INDIAN HARBOR BEACH FL 32937-4051 ☐ Change ☐ Addition TITLE ☐ Delete TITLE HUNTER-GEMMELL, DIANE C NAME NAME STREET ADDRESS STREET ADDRESS 537 SUMMERSET COURT CITY-ST-ZIP CITY-ST-ZIP INDIAN HARBOR BEACH FL 32937-4051 Change ☐ Addition TITLE ☐ Delete TITLE BURNICK, MARITA NAME NAME STREET ADDRESS STREET ADDRESS 338 MACRKLEY COURT CITY-ST-ZIP CITY-ST-ZIP INDIAN HARBOR BEACH FL 32937-4051 Change Addition ☐ Delete TITLE TITLE NAME NAME LITTLEJOHN, DON STREET ADDRESS STREET ADDRESS 345 MARKLEY COURT CITY-ST-ZIP CITY-ST-ZIP INDIAN HARBOR BEACH FL 32937-4051 TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 report or supplemental 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 sustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.