· 2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State
01-24-2001 90061 014 ****61.25

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DOCUMENT # 762644

1. Entity Name

PATIO HOMES AT LYME BAY HOMEOWNERS' ASSOCIATION,

Principal Place of Business	Mailing Address
537 SUMMERSET P.O. BOX 3272614 SATELLITE BCH FL 32937 US	~~537 SUMMERSET~~ P.O. BOX 3272614 SATELLITE BCH FL 32937 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. BOX 3272614 Suite, Apt. #, etc.
City & State	City & State SATELLITE Bch, FL
Zip / Country	Zip 32937 / Country USA

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

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

6. Name and Address of Current Registered Agent

~~GEMMELL, DIANE C~~
~~537 SUMMERSET COURT~~
~~INDIAN HARBOR BEACH FL 32937~~
VIRGINIA MORAN
435 HAWTHORNE CT
INDIAN HARBOUR Bch
FL 32937

7. Name and Address of New Registered Agent

Name VIRGINIA A. MORAN
Street Address (P.O. Box Number is Not Acceptable) 435 HAWTHORNE CT
City INDIAN HARBOUR Bch FL Zip Code 32937

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 Virginia A. Moran Treasurer 1-5-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ VP Vice President MCGOVERN, TRACEY 433 HAWTHORNE COURT INDIAN HRBR BCH FL 32937-4051	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President MCGOVERN, TRACEY ~~433~~ 346 MARKLEY CT INDIAN HARBOUR Bch FL 32937 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ~~WOLFE, RENEE~~ ~~339 MARKLEY COURT~~ ~~INDIAN HARBOR BEACH~~ FL 32937-4051	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD President JACK GEMMELL 537 Summerset ct IHB FL 32937 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ~~HUNTER-GEMMELL, DIANE C~~ ~~537 SUMMERSET COURT~~ ~~INDIAN HARBOR BEACH~~ FL 32937-4051	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Treasurer VIRGINIA MORAN 435 HAWTHORNE CT IHB FL 32937 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VP~~ SD Secretary ~~BURNICK, MARITA~~ ~~338 MACRKLEY COURT~~ ~~INDIAN HARBOR BEACH~~ FL 32937-4051	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY BURNICK, MARITA 338 MARKLEY COURT IHB FL 32937 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ~~LITTLEJOHN, DON~~ ~~345 MARKLEY COURT~~ ~~INDIAN HARBOR BEACH FL~~ 32937-4051	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD Bud Cullum 545 Summerset ct IHB FL 32937 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

12. 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 trustee 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.

SIGNATURE: SIGNATURE REQUIRED 1/5/01 321 777 4484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #