3/3

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
03-31-2002 90344 035 ****61.25

DOCUMENT # 762644

1. Entity Name

PATIO HOMES AT LYME BAY HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
537 SUMMERSET P.O. BOX 3272614 SATELLITE BCH FL 32937 US	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.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
MORAN, VIRGINIA A. 435 HAWTHORNE CT INDIAN HARBOUR BEACH FL 32937	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE: $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	VP MCGOVERN, TRACEY 433 HAWTHORNE COURT INDIAN HRBR BCH FL 32937-4051	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BDP GEMMELL, JACK 537 SUMMERSET CT INDIAN HARBOUR BEACH FL 32937	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[redacted]
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MORAN, VIRGINIA 537 SUMMERSET COURT INDIAN HARBOR BEACH FL 32937-4051	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[redacted]
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BURNICK, MARITA 338 MACRKLEY COURT INDIAN HARBOR BEACH FL 32937-4051	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD CULLUM, BUD 545 SUMMERSET CT INDIAN HARBOUR BEACH FL 32937	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

2E037 (9/01)

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: Virginia Moran Treasurer — VIRGINIA MORAN TREASURER — 3/17/02 — 321 773 5215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #