2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 17, 2004 8:00 am Secretary of State 02-17-2004 90007 039 ****61.25

DOCUMENT #762644



SATELLITE BCH, FL 32937 US		OMES AT LYME BAY HOMEO ATION, INC.									
District Control City & State	537 SUMMERSET P.O. BOX 3272614 P.O. BOX 3272614 SATELLITE BCH, FL 32937 US					11851111851118	 			**************************************	
City & State Name Street Address of New Registered Agent City & FL Zip Code City City FL Zip Code City FL Zip Code City City FL Zip Code City City City Cit	2. Principal P	Place of Business 3	. Mailing Address	failing Address							
Second S	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01242004	Chg-NP	CR2E03	7 (10/03)		
Zip Country Zip Country S. Country S. Country S. Contificate of Status Desired S8.75 Addissional Fee Required In Fee Required	City & State		City & State	City & State							
BURNICK, MARITA B 338 MARKIEY CT. SATELLITE BEACH, FL 32937 City FL Zip Code	Zip	Country	Zip	Cod	untry	5. Certificate of	f Status Desired		8.75 Add	litional	
BURNICK, MARITA B 338 MARKLEY CT. SATELLITE BEACH, FL 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. I am familiar with, and accept the obligations of registered agent. 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. I am familiar with, and accept the obligations of registered agent. 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. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 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. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 9. City of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of period remained agent are unatated. 9. City		6. Name and Address of Current Reg	istered Agent			7. Name and A	ddress of New F	Registered A	gent -		
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Co	BURNICK,	, MARITA B	•		Name						
Either appears and entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of the obliga	338 MARKIEY CT.				Street Address (P.O. Box Number is Not Acceptable)						
B. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reneatable) DATE Filing Fee is \$61.25 Due by May 1, 2004 Supmature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reneatable) DATE Filing Fee is \$61.25 Due by May 1, 2004 Supmature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reneatable) DATE Make check payable to Florida Department of State Florida Department of State ITILE MCGOVERN, TRACEY SIREET ADDRESS DITH ST-2P INDIAN HARBOUR BEACH, FL 32937 4051 Detelle TITLE VD Detelle TITLE VD DETECTION SITE ADDRESS OTY-ST-2P INDIAN HARBOUR BEACH, FL 32937 Detelle TITLE SIREET ADDRESS OTY-ST-2P INDIAN HARBOUR BEACH, FL 32937 Detelle MAKE SIREET ADDRESS OTY-ST-2P INDIAN HARBOUR BEACH, FL 32937 Detelle MAKE SIREET ADDRESS OTY-ST-2P INDIAN HARBOUR BEACH, FL 32937 Detelle MAKE SIREET ADDRESS OTY-ST-2P INDIAN HARBOUR BEACH, FL 32937 Detelle MAKE SIREET ADDRESS OTY-ST-2P INDIAN HARBOUR BEACH, FL 32937 Detelle MAKE SIREET ADDRESS OTY-ST-2P INDIAN HARBOUR BEACH, FL 32937 Detelle MAKE SIREET ADDRESS OTY-ST-2P INDIAN HARBOUR BEACH, FL 32937 Detelle TITLE MAKE SIREET ADDRESS OTY-ST-2P INDIAN HARBOUR BEACH, FL 32937 Detelle TITLE MAKE SIREET ADDRESS OTY-ST-2P INDIAN HARBOUR BEACH, FL 32937 Detelle TITLE MAKE SIREET ADDRESS OTY-ST-2P INDIAN HARBOUR BEACH, FL 32937 Detelle TITLE MAKE SIREET ADDRESS OTY-ST-2P INDIAN HARBOUR BEACH, FL 32937 Detelle TITLE MAKE SIREET ADDRESS OTY-ST-2P INDIAN HARBOUR BEACH, FL 32937 Detelle TITLE MAKE SIREET ADDRESS OTY-ST-2P INDIAN HARBOUR BEACH, FL 32937 Detelle SI	SATELLIT	E BEACH, FL 32937									
SIGNATURE Signature, typing or printed name of registered agent and life if applicable INOTE Registered Agent signature required when remistating) DATE					City			FL	Zip Code	e	
SIGNATURE Signature Signa			purpose of changing if	ts register	ed office or registe	ered agent, or both	, in the State of Fl	orida. I am fa	amiliar with,	and accept	
Filling Fee is \$61.25 Due by May 1, 2004 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS IN 11 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AN	the obligat	ions of registered agent.									
Filling Fee is \$61.25 Due by May 1, 2004 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS IN 11 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AN	SIGNATURE										
Due by May 1, 2004	0.017.110112		tle if applicable. (NC	TE: Registere	3d Agent signature require	ed when reinstating)		DATE			
ITILE MAME MCGOVERN, TRACEY MCGOVERN, TRACEY STREET ADDRESS CITY-ST-2P MCGOVERN, TRACEY STREET ADDRESS CITY-ST-2P MCGOVERN, TRACEY MCGOVERN, TRACEY STREET ADDRESS CITY-ST-2P MCGOVERN, TRACEY MC											
MCGOVERN, TRACEY 346 MARKLEY CT. INDIAN HARBOR BEACH, FL 329374051 TITLE VD GEMMEL, JACK STREET ADDRESS CITY-ST-2IP INDIAN HARBOR BEACH, FL 32937 TITLE TD MAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP MORAN, VIRGINIA STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-2IP MORAN, VIRGINIA 435 HAWTHORNE CT. INDIAN HARBOR BEACH, FL 32937 TITLE MORAN, VIRGINIA 435 HAWTHORNE CT. INDIAN HARBOR BEACH, FL 32937 TITLE MD GRAN, VIRGINIA STREET ADDRESS CITY-ST-2IP MD GRAN, VIRGINIA STREET ADDRESS STREET ADDRESS CITY-ST-2IP MD GRAN, VIRGINIA STREET ADDRESS CITY-ST-2IP TITLE MAME STREET ADDRESS CITY-ST-2IP TO Change Addition Addi	10.	OFFICERS AND DIREC	TORS	11.		ADDITIONS/CHAI	NGES TO OFFICE	RS AND DIR	ECTORS IN	10	
STREET ADDRESS CITY-ST-ZIP TITLE TD GEMMEL, JACK STREET ADDRESS CITY-ST-ZIP TITLE TD GEMMEL, JACK STREET ADDRESS CITY-ST-ZIP TITLE TD GEMMEL, JACK STREET ADDRESS CITY-ST-ZIP TITLE TD GEMMEL, JACK STREET ADDRESS CITY-ST-ZIP TITLE TD GEMMEL, JACK STREET ADDRESS CITY-ST-ZIP TITLE TD GEMMEL, JACK STREET ADDRESS CITY-ST-ZIP TITLE TD GEMMEL, JACK STREET ADDRESS CITY-ST-ZIP TITLE TD GEMMEL, JACK STREET ADDRESS CITY-ST-ZIP TITLE TD GEMMEL, JACK STREET ADDRESS CITY-ST-ZIP TITLE TD GEMMEL, JACK STREET ADDRESS CITY-ST-ZIP TITLE SD MORAN, VIRGINIA ASS HAWTHORNE CT. INDIAN HARBOR BEACH, FL 32937 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CI	TITLE	1	☐ Delete						☐ Change	☐ Addition	
CITY-ST-ZIP INDIAN HARBOR BEACH, FL 329374051 CITY-ST-ZIP ITITLE VD GEMMEL, JACK GEMMEL, JACK STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ITITLE TD BURNICK, MARITA 338 MARKLEY CT. ITITLE NAME STREET ADDRESS CITY-ST-ZIP ITITLE STREET ADDRESS CITY-ST-ZIP MORAN, VIRGINIA 435 HAWTHORNE CT. INDIAN HARBOR BEACH, FL 32937 ITITLE MD CULLUM, BUD STREET ADDRESS CITY-ST-ZIP INDIAN HARBOR BEACH, FL 32937 ITITLE MD CULLUM, BUD STREET ADDRESS CITY-ST-ZIP INDIAN HARBOR BEACH, FL 32937 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP INDIAN HARBOR BEACH, FL 32937 ITITLE MD CULLUM, BUD STREET ADDRESS CITY-ST-ZIP INDIAN HARBOR BEACH, FL 32937 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition Addition Addition Change Addition Change Addition Addition Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP											
TITLE NAME GEMMEL, JACK GEMMEL, JACK STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE TD BURNICK, MARITA 338 MARKLEY CT. INDIAN HARBOR BEACH, FL 32937 ITITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MORAN, VIRGINIA 435 HAWTHORNE CT. INDIAN HARBOR BEACH, FL 32937 ITITLE MODE Delete TITLE MOD Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MOD Delete TITLE MOD Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MOD Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP		74051								
STREET ADDRESS CITY-ST-ZIP INDIAN HARBOUR BEACH, FL 32937 ITITLE ITITLE BURNICK, MARITA 338 MARKLEY CT. INDIAN HARBOR BEACH, FL 32937 ITITLE SD MORAN, VIRGINIA 435 HAWTHORNE CT. INDIAN HARBOR BEACH, FL 32937 ITITLE MDD MORAN, VIRGINIA 435 HAWTHORNE CT. INDIAN HARBOR BEACH, FL 32937 ITITLE MDD CULLUM, BUD CHange CITY-ST-ZIP ITITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE	VD	☐ Delete	TITL	.E				☐ Change	Addition	
CITY-ST-ZIP INDIAN HARBOUR BEACH, FL 32937 CITY-ST-ZIP INDIAN HARBOUR BEACH, FL 32937 CITY-ST-ZIP BURNICK, MARITA 338 MARKLEY CT. INDIAN HARBOR BEACH, FL 32937 CITY-ST-ZIP INDIAN HARBOR BEACH, FL 32937 IND	NAME	1		NAM	AE .						
TITLE BURNICK, MARITA STREET ADDRESS CITY-ST-ZIP INDIAN HARBOR BEACH, FL 32937 ITILE MAME STREET ADDRESS CITY-ST-ZIP INDIAN HARBOR BEACH, FL 32937 ITILE MORAN, VIRGINIA A35 HAWTHORNE CT. INDIAN HARBOR BEACH, FL 32937 ITILE MAME STREET ADDRESS CITY-ST-ZIP INDIAN HARBOR BEACH, FL 32937 ITILE MDC Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP INDIAN HARBOR BEACH, FL 32937 ITILE MAME STREET ADDRESS CITY-ST-ZIP INDIAN HARBOUR BEACH, FL 32937 ITILE MAME STREET ADDRESS CITY-ST-ZIP INDIAN HARBOUR BEACH, FL 32937 ITILE MAME STREET ADDRESS CITY-ST-ZIP INDIAN HARBOUR BEACH, FL 32937 ITILE MAME STREET ADDRESS CITY-ST-ZIP INDIAN HARBOUR BEACH, FL 32937 ITILE MAME STREET ADDRESS CITY-ST-ZIP INDIAN HARBOUR BEACH, FL 32937 ITILE MAME STREET ADDRESS CITY-ST-ZIP INDIAN HARBOUR BEACH, FL 32937 ITILE MAME STREET ADDRESS CITY-ST-ZIP INDIAN HARBOUR BEACH, FL 32937 ITILE MAME STREET ADDRESS CITY-ST-ZIP INDIAN HARBOUR BEACH, FL 32937 ITILE MAME STREET ADDRESS CITY-ST-ZIP INDIAN HARBOUR BEACH, FL 32937 ITILE MAME STREET ADDRESS CITY-ST-ZIP INDIAN HARBOUR BEACH, FL 32937 ITILE MAME STREET ADDRESS CITY-ST-ZIP INDIAN HARBOUR BEACH, FL 32937 ITILE MAME STREET ADDRESS CITY-ST-ZIP INDIAN HARBOUR BEACH, FL 32937 ITILE MAME STREET ADDRESS CITY-ST-ZIP INDIAN HARBOUR BEACH, FL 32937 ITILE MAME STREET ADDRESS CITY-ST-ZIP INDIAN HARBOUR BEACH, FL 32937 ITILE MAME STREET ADDRESS CITY-ST-ZIP INDIAN HARBOUR BEACH, FL 32937 ITILE MAME STREET ADDRESS CITY-ST-ZIP INDIAN HARBOUR BEACH, FL 32937 ITILE MAME STREET ADDRESS CITY-ST-ZIP INDIAN HARBOUR BEACH, FL 32937 ITILE MAME STREET ADDRESS CITY-ST-ZIP INDIAN HARBOUR BEACH, FL 32937 ITILE MAME STREET ADDRESS CITY-ST-ZIP INDIAN HARBOUR BEACH, FL 32937 ITILE MAME STREET ADDRESS CITY-ST-ZIP INDIAN HARBOUR BEACH, FL 32937 ITILE MAME STREET ADDRESS CITY-ST-ZIP INDIAN HARBOUR BEACH, FL 32937 ITILE MAME STREET ADDRESS CITY-ST-ZIP INDIAN HARBOUR BEACH, FL 32937 ITILE MAME STREET ADDRESS CITY-ST-ZIP INDIAN HARBOUR BEACH, FL 32937 ITILE MAME STREET ADDRESS CITY-ST-ZIP INDIAN HARBOUR BEACH, FL 32937 ITILE MAME STREET AD	STREET ADDRESS	I	10.7								
NAME STREET ADDRESS CITY-ST-ZIP INDIAN HARBOR BEACH, FL 32937 TITLE NAME STREET ADDRESS CITY-ST-ZIP NORAN, VIRGINIA 435 HAWTHORNE CT. INDIAN HARBOR BEACH, FL 32937 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP				_	•				Channer	- Addition	
STREET ADDRESS CITY-ST-ZIP INDIAN HARBOR BEACH, FL 32937 TITLE SD MORAN, VIRGINIA 435 HAWTHORNE CT. INDIAN HARBOR BEACH, FL 32937 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MD CULLUM, BUD STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME	⁻	L Delete			•			L Change	LT Addition	
TITLE SD	STREET ADDRESS	1	and an every			-	or compression	11.82 11.	•		
MORAN, VIRGINIA 435 HAWTHORNE CT. CITY-ST-ZIP INDIAN HARBOR BEACH, FL 32937 CITY-ST-ZIP INDIAN HARBOR BEACH, FL 32937 CITY-ST-ZIP INDIAN HARBOR BEACH, FL 32937 CITY-ST-ZIP CULLUM, BUD 545 SUMMERSET CT INDIAN HARBOUR BEACH, FL 32937 CITY-ST-ZIP INDIAN HARBOUR BEACH, FL 32937 CITY-ST-ZIP CHange Addition NAME STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	INDIAN HARBOR BEACH, FL 3293	7	CITY	/-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MD CULLUM, BUD 545 SUMMERSET CT INDIAN HARBOUR BEACH, FL 32937 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHange Addition Addition NAME STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP	TITLE	l .	☐ Delete	TITL	.E				Change	☐ Addition	
CITY-ST-ZIP INDIAN HARBOR BEACH, FL 32937 CITY-ST-ZIP INDIAN HARBOR BEACH, FL 32937 CITY-ST-ZIP INDIAN HARBOR BEACH, FL 32937 CITY-ST-ZIP INDIAN HARBOUR BEACH, FL 32937 CITY-ST-ZIP	NAME	1			-						
TITLE MD CULLUM, BUD STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			7								
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP									☐ Channe	☐ Addition	
CITY-ST-ZIP INDIAN HARBOUR BEACH, FL 32937 TITLE NAME STREET ADDRESS CITY-ST-ZIP INDIAN HARBOUR BEACH, FL 32937 CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	NAME		☐ Delete						C. Onlinge	L. Addition	
TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP CHANGE CITY-ST-ZIP Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS	1		STR	EET ADDRESS						
NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 329	37	CITY	/-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete	TITL	.E				Change	☐ Addition	
CITY-ST-ZIP CITY-ST-ZIP	NAME									ļ	
		L certify that the information supplied with this	s filing does not qualify f			Section 119 07(3)(i)	Florida Statutes	I further certi	ify that the in	nformation	

of the corporation or the receiver or trustee empowered to execute 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 life empowered.

SIGNATURE: _

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR