2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State
04-13-2005 90050 008 ****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

04052005 Chg-NP CR2E037 (10/03)

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
-BURNICK, MARITA B 338 MARKIEY CT. SATELLITE BEACH, FL 32937 P A	Name MORAN, VIRGINIA A. Street Address (P.O. Box Number is Not Acceptable) 435 HAWTHORNE COURT City INDIAN HARBOUR BEACH, 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Virginia A. Moran 4-7-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCGOVERN, TRACEY 346 MARKLEY CT. INDIAN HARBOR BEACH, FL 329374051	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GEMMEL, JACK 537 SUMMERSET CT INDIAN HARBOUR BEACH, FL 32937	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DAWN AMEIGH 537 Summerset Court INDIAN HARBOUR BEACH, FL 32937	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BURNICK, MARITA 338 MARKLEY CT. INDIAN HARBOR BEACH, FL 32937	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MORAN, VIRGINIA 435 HAWTHORNE CT. INDIAN HARBOR BEACH, FL 32937	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD	☒ 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

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 A. Moran VIRGINIA A. MORAN TREASURER 4/7/05 321-773-5215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #