2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State
02-12-2007 90075 049 ****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

02262007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
539 Summerset	P.O. Box 3272614
Suite, Apt. #, etc.	Suite, Apt. #, etc. Satellite Beach
City & State Satellite Beach, FL	City & State FL
Zip 32937 Country US	Zip 32937 Country US

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
AMEIGH, DAWN 537 SUMMERSET CT SATELLITE BEACH, FL 32937	Name: Betty Bowen Street Address (P.O. Box Number is Not Acceptable) 539 Summerset City: Satellite 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: Betty Bowen — Betty Bowen — 2/25/07
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, 2007

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	VD MCGOVERN, TRACEY 346 MARKLEY CT. INDIAN HARBOR BEACH, FL 329374051	☒ Delete	VD DAWN ECKER 537 Summerset Satellite Beach, FL 32937	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD AMEIGH, DAWN 537 SUMMERSET CT INDIAN HARBOUR BEACH, FL 32937	☒ Delete	PD TRACY McGOVERN 346 MARKLEY CT. SATELLITE BEACH, FL 32937	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BIVENS, JUDY 330 MARKLEY CT SATELLITE BEACH, FL 32937	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MORAN, VIRGINIA 435 HAWTHORNE CT. INDIAN HARBOR BEACH, FL 32937	☒ Delete	TD Betty Bowen 539 Summerset ct. Satellite Beach, FL 32937	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD CULLUM, BUD 545 SUMMERSET CT INDIAN HARBOUR BEACH, FL 32937	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Betty Bowen — 2/25/07 — 321 773-7264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #