

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90208 018 ****61.25

DOCUMENT # 762644

1. Entity Name
**PATIO HOMES AT LYME BAY HOMEOWNERS'
ASSOCIATION, INC.**



Principal Place of Business
**537 SUMMERSET
SATELLITE BCH, FL 32937 US**

Mailing Address
**P.O. BOX 3272614
SATELLITE BCH, FL 32937 US**

40037553



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02282008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2265411

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**BOWEN, BETTY
537 SUMMERSET CT
SATELLITE 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. 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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

TITLE **VD** ☐ Delete
NAME **MCGOVERN, TRACEY**
STREET ADDRESS **346 MARKLEY CT.**
CITY-ST-ZIP **INDIAN HARBOR BEACH, FL 329374051**

TITLE **PD** ☐ Delete
NAME **AMEIGH, DAWN**
STREET ADDRESS **537 SUMMERSET CT**
CITY-ST-ZIP **INDIAN HARBOUR BEACH, FL 32937**

TITLE **SD** ☐ Delete
NAME **BIVENS, JUDY**
STREET ADDRESS **330 MARKLEY CT**
CITY-ST-ZIP **SATELLITE BEACH, FL 32937**

TITLE **TD** ☒ Delete
NAME **MORAN, VIRGINIA**
STREET ADDRESS **435 HAWTHORNE CT.**
CITY-ST-ZIP **INDIAN HARBOR BEACH, FL 32937**

TITLE **MD** ☒ Delete
NAME **CULLUM, BUD**
STREET ADDRESS **545 SUMMERSET CT**
CITY-ST-ZIP **INDIAN HARBOUR BEACH, FL 32937**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☒ Addition
NAME **Betty Bowen**
STREET ADDRESS **539 SummerSet Ct.**
CITY-ST-ZIP **INDIAN HARBOUR BEACH, FL 32937**

TITLE ☒ Change ☒ Addition
NAME **Leo Menard**
STREET ADDRESS **434 Hawthorn Ct.**
CITY-ST-ZIP **INDIAN HARBOUR BEACH, FL 32937**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/08

Date

321-773-7264

Daytime Phone #