# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 06, 2009**
**Secretary of State**

DOCUMENT# 762644

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

**Current Principal Place of Business:**

537 SUMMERSET
SATELLITE BCH, FL 32937 US

**New Principal Place of Business:**

330 MARKLEY CT.
INDIAN HARBOUR BEACH, FL 32937 US

**Current Mailing Address:**

P.O. BOX 3272614
SATELLITE BCH, FL 32937 US

**New Mailing Address:**

330 MARKLEY CT.
INDIAN HARBOUR BEACH, FL 32937 US

**FEI Number: 59-2265411** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOWEN, BETTY
537 SUMMERSET CT
SATELLITE BEACH, FL 32937 US

**Name and Address of New Registered Agent:**

BIVENS, JUDY
330 MARKLEY CT
INDIAN HARBOUR BEACH, FL 32937 US

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: JUDY BIVENS 04/06/2009
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete
Name: MCGOVERN, TRACEY
Address: 346 MARKLEY CT.
City-St-Zip: INDIAN HARBOR BEACH, FL 329374051

Title: PD ( ) Delete
Name: AMEIGH, DAWN
Address: 537 SUMMERSET CT
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: SD ( ) Delete
Name: BIVENS, JUDY
Address: 330 MARKLEY CT
City-St-Zip: SATELLITE BEACH, FL 32937

Title: TD ( ) Delete
Name: BOWEN, BETTY
Address: 539 SUMMERSET CT
City-St-Zip: INDIAN HARBOUR BCH, FL 32937

Title: MD ( ) Delete
Name: MENARN, LEO
Address: 434 HAWTHORN CT
City-St-Zip: INDIAN HARBOUR BCH, FL 32937

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VD (X) Change ( ) Addition
Name: MCGOVERN, TRACEY
Address: 346 MARKLEY CT.
City-St-Zip: INDIAN HARBOR BEACH, FL 32937

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: BIVENS, JUDY
Address: 330 MARKLEY CT
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: SD (X) Change ( ) Addition
Name: BOWEN, BETTY
Address: 539 SUMMERSET CT
City-St-Zip: INDIAN HARBOUR BCH, FL 32937

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDY BIVENS TREA 04/06/2009
Electronic Signature of Signing Officer or Director Date