

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90478 005 ****61.25

DOCUMENT # 762644

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



Principal Place of Business

**537 SUMMERSET
P.O. BOX 3272614
SATELLITE BCH FL 32937
US**

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2265411**

Appfied 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

**MORAN, VIRGINIA A.
435 HAWTHORNE CT
INDIAN HARBOUR BEACH FL 32937**

Name **Marita B. Burnick**
Street Address (P.O. Box Number is Not Acceptable)
338 Markley Ct
Indian Harbour Beach
City **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 Marita B. Burnick Treasurer 2/24/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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 **VP** ☒ Delete
NAME **MCGOVERN, TRACEY**
STREET ADDRESS **433 HAWTHORNE COURT**
CITY-ST-ZIP **INDIAN HRBR BCH FL 32937-4051**

TITLE **PD** ☐ Change ☒ Addition
NAME **M^o Govern, Tracey**
STREET ADDRESS **346 Markley Court**
CITY-ST-ZIP **Indian Hrbr Bch, FL 32937-4051**

TITLE **BDP** ☒ Delete
NAME **GEMMELL, JACK**
STREET ADDRESS **537 SUMMERSET CT**
CITY-ST-ZIP **INDIAN HARBOUR BEACH FL 32937**

TITLE **VD** ☐ Change ☒ Addition
NAME **Gemmel, Jack**
STREET ADDRESS **537 SummerSet Court**
CITY-ST-ZIP **Indian Hrbr Bch, FL 32937**

TITLE **TD** ☒ Delete
NAME **MORAN, VIRGINIA**
STREET ADDRESS **537 SUMMERSET COURT**
CITY-ST-ZIP **INDIAN HARBOR BEACH FL 32937-4051**

TITLE **TD** ☐ Change ☒ Addition
NAME **Burnick Marita**
STREET ADDRESS **338 Markley Court**
CITY-ST-ZIP **Indian Harbor Bch, FL 32937**

TITLE **S** ☒ Delete
NAME **BURNICK, MARITA**
STREET ADDRESS **338 MACRLEY COURT**
CITY-ST-ZIP **INDIAN HARBOR BEACH FL 32937-4051**

TITLE **SD** ☐ Change ☒ Addition
NAME **Moran Virginia**
STREET ADDRESS **435 Hawthorne Court**
CITY-ST-ZIP **Indian Harbor Bch, FL 32937**

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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: MARITA B. BURNICK 2/24/03 (321) 723-2677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Designation

CR2E037 (10/02)