

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005842

FILED
Apr 30, 2005
Secretary of State

Entity Name: LYONS DEN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

110 HAVEN BEACH DRIVE
INDIAN ROCKS BEACH, FL 33785

New Principal Place of Business:

Current Mailing Address:

110 HAVEN BEACH DRIVE
INDIAN ROCKS BEACH, FL 33785

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYONS, NANCY S
9530 94TH ST
LARGO, FL 33777 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LYONS, ROBERT E
Address: P.O. BOX 152
City-St-Zip: LARGO, FL 33779

Title: VD () Delete
Name: LYONS, RICHARD W
Address: P.O. BOX 152
City-St-Zip: LARGO, FL 33779

Title: STD () Delete
Name: LYONS, NANCY S
Address: P.O. BOX 152
City-St-Zip: LARGO, FL 33779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NANCY LYONS

STD

04/30/2005

Electronic Signature of Signing Officer or Director

Date