


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90031 043 ****61.25

DOCUMENT # N03000005842 1. Entity Name LYONS DEN CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 110 HAVEN BEACH DRIVE INDIAN ROCKS BEACH, FL 33785			Mailing Address 110 HAVEN BEACH DRIVE #2 INDIAN ROCKS BEACH, FL 33785		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number NOT APPLICABLE	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					
KEPLER, KELLY A <i>Carol VanBebber</i> 110 HAVEN BEACH DRIVE <i>220 NEVEL Rd</i> #2 INDIAN ROCKS BEACH, FL 33785 <i>Lutz, FL 33549</i>					
7. Name and Address of New Registered Agent					
Name <i>Carol VanBebber</i> Street Address (P.O. Box Number is Not Acceptable) <i>220 NEVEL Rd</i> City <i>Lutz</i> FL Zip Code <i>33549</i>					
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 <i>Carol VanBebber</i> 3/14/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES <input checked="" type="checkbox"/> Delete KEPLER, STEPHEN L 110 HAVEN BEACH DRIVE, #2 INDIAN ROCKS BEACH, FL 33785				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Delete KEPLER, KELLY A 110 HAVEN BEACH DRIVE, #2 INDIAN ROCKS BEACH, FL 33785				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Greg VanBebber</i> <i>220 NEVEL Rd</i> <i>Lutz, FL 33549</i>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Carol VanBebber</i> <i>220 NEVEL Rd</i> <i>Lutz, FL 33549</i>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Carol VanBebber</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <i>3/14/07</i> Daytime Phone # <i>813-781-0845</i>	