

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # **N03000006432**

1. Entity Name

The Lyon Commercial Condominium Association,
Inc.



FILED

06 MAY 28 2006 11:05 AM ***61.25

CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
41 King Street
St. Augustine, Fl. 32084

Mailing Address
P.O. Box 5
St. Augustine, Fl. 32085

2. Principal Place of Business

3. Mailing Address

P.O. Box 5

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

St. Augustine, Fl.

4. FEI Number

#20-3224009

Applied For

Not Applicable

Zip

Country

Zip

Country

32805

USA

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

ANNON, FRED JR
PALM COAST PROPERTY MANAGEMENT
7 FLORIDA PARK DRIVE NORTH SUITE C
PALM COAST FL 32137

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]
Signature, typed or printed name of Registered Agent

04-11-2006

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 PD
NAME Harkins, William ☐ Delete
STREET ADDRESS 5 Hargrove Grade
CITY-ST-ZIP Palm Coast, Fl. 32164

TITLE STD
NAME Robinson, Greg ☐ Delete
STREET ADDRESS 5 Hargrove Grade
CITY-ST-ZIP Palm Coast, Fl. 32164

TITLE STD
NAME Kincaid, Judith ☐ Delete
STREET ADDRESS 5 Hargrove Grade
CITY-ST-ZIP Palm Coast, Fl. 32164

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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 exemptions contained in Section 19, 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 executor 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

[Signature]
President

3/18/06
3/18/06

(386) 446-6333