

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006432

FILED
Apr 30, 2009
Secretary of State

Entity Name: THE LYON COMMERCIAL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

41 KING STREET
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

7 FLORIDA PARK DRIVE NORTH
PALM COAST, FL 32135

Current Mailing Address:

P.O. BOX 5
ST. AUGUSTINE, FL 32805

New Mailing Address:

7 FLORIDA PARK DRIVE NORTH
PALM COAST, FL 32137

FEI Number: 20-3224009

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ANNON, FRED JR
SOUTHERN STATES MANAGEMENT GRP
7 FLORIDA PARK DRIVE NORTH SUITE C
PALM COAST, FL 32137 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: FRED ANNON, JR.

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: IANNELLI, JOSEPH
Address: 20 GROVE AVE
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: STD (X) Delete
Name: SONDERGATH, MARY
Address: 2692 US HWY 1 SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: VD () Delete
Name: CODY, JASON
Address: 10406 STATE RD 11
City-St-Zip: BUNNELL, FL 32110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: IANNELLI, JOSEPH
Address: 7 FLORIDA PARK DRIVE NORTH
City-St-Zip: PALM COAST, FL 32137

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

Title: VD (X) Change () Addition
Name: CODY, JASON
Address: 7 FLORIDA PARK DRIVE NORTH
City-St-Zip: PALM COAST, FL 32137

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: JOSEPH IANNELLI

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date