2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# N03000006868

Entity Name: THE LYON CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

41 KING ST
ST AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

41 KING ST
ST AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 59-3626181 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIUMENTO, MICHAEL D
CHIUMENTO & ASSOCIATES
4 OLD KINGS RD N
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

ANNON, FRED JR.
7 FLORIDA PARK DRIVE NORTH
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. 04/29/2005
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HARKINS, WILLIAM
Address: 21 OLD KIGS BLVD STE B101
City-St-Zip: PALM COAST, FL 32137

Title: VD ( ) Delete
Name: ROBINSON, GREG
Address: 21 OLD KIGS BLVD STE B101
City-St-Zip: PALM COAST, FL 32137

Title: STD ( ) Delete
Name: KINCAID, JUDY
Address: 21 OLD KIGS BLVD STE B101
City-St-Zip: PALM COAST, FL 32137

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: WILLIAM F. HARKINS PD 04/29/2005
Electronic Signature of Signing Officer or Director — Date