

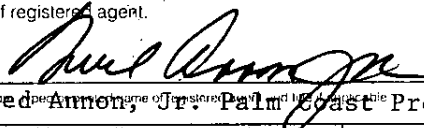
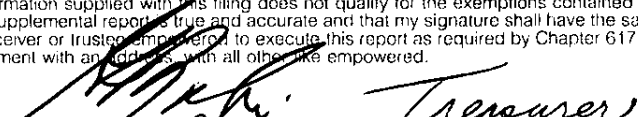


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90424 028 ****61.25

DOCUMENT # N03000006868 1. Entity Name THE LYON CONDOMINIUM ASSOCIATION, INC.							
Principal Place of Business 41 KING ST ST AUGUSTINE FL 32084				Mailing Address 41 KING ST ST AUGUSTINE FL 32084			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 5 Suite, Apt. #, etc.		 1st MOORE CR2E037 (10/05)			
City & State		City & State St. Augustine, Fl. 32085				4. FEI Number #90-0254285	
Zip 32085		Country USA				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANNON, FRED JR. 7 FLORIDA PARK DRIVE NORTH PALM COAST FL 32137		7. Name and Address of New Registered Agent 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  04-11-2006 <small>Signature of Fred Annon, Jr. (Registered Agent) and his address (Note: Registered Agent's signature required when reinstating)</small> DATE Fred Annon, Jr. Palm Coast Property Management Co.							
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARKINS, WILLIAM 21 OLD KIGS BLVD STE B101 PALM COAST FL 32137 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBINSON, GREG 21 OLD KIGS BLVD STE B101 PALM COAST FL 32137 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D Robinson, Greg 5 Hargrove Grade Palm Coast, FL 32164 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KINCAID, JUDY 21 OLD KIGS BLVD STE B101 PALM COAST FL 32137 <input checked="" type="checkbox"/> Delete			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"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Kaan, Valerie 5 Hargrove Grade Palm Coast, FL 32164 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			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"/> Delete			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 Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:  3/20/06 386-446-6333							