

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90038 002 \*\*\*\*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

P.O. BOX 5  
SAINT AUGUSTINE FL 32085



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

90-0254285

Applied For

Not Applicable

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.  
7 FLORIDA PARK DRIVE NORTH  
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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

**Due By May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete  
NAME HARKINS, WILLIAM  
STREET ADDRESS 21 OLD KIGS BLVD STE B101  
CITY-ST-ZIP PALM COAST FL 32137

TITLE ☒ Change ☐ Addition  
NAME President  
STREET ADDRESS HELEN AHER  
CITY-ST-ZIP 156 MARSH DR.  
Ponte Vedra Beach, FL 32082

TITLE STD ☒ Delete  
NAME ROBINSON, GREG  
STREET ADDRESS 5 HARGROVE GRADE  
CITY-ST-ZIP PALM COAST FL 32164

TITLE ☒ Change ☐ Addition  
NAME Vice-President  
STREET ADDRESS ALBERT VOLK  
CITY-ST-ZIP 5143 HOLLY RD  
St. Augustine FL 32080

TITLE STD ☒ Delete  
NAME KINCAID, JUDY  
STREET ADDRESS 21 OLD KIGS BLVD STE B101  
CITY-ST-ZIP PALM COAST FL 32137

TITLE ☒ Change ☐ Addition  
NAME Secretary/Treasurer  
STREET ADDRESS CAROLINE VOLK  
CITY-ST-ZIP 5143 HOLLY ROAD  
St. Augustine, FL 32086

TITLE VD ☒ Delete  
NAME KAAN, VALERIE  
STREET ADDRESS 5 HARGROVE GRADE  
CITY-ST-ZIP PALM COAST FL 32164

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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 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: *Diane Fitzgerald* LCM DIANE FITZGERALD 3/1/08 386-446-6333