

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006868

FILED
Feb 17, 2009
Secretary of State

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:

P.O. BIX 5
SAINT AUGUSTINE, FL 32085

New Mailing Address:

P.O. BOX 5
SAINT AUGUSTINE, FL 32085

FEI Number: 90-0254285

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANNON, FRED JR.
7 FLORIDA PARK DRIVE NORTH
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

JACOBS, MARY
461 A1A BEACH BLVD
ST. AUGUSTINE, FL 32080 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: MARY JACOBS

02/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HELEN, ATLER
Address: 156 MARSH DR.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VP () Delete
Name: ALBERT, VOLK
Address: 5143 HOLLY RD.
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: ST (X) Delete
Name: VOLK, CARALINE
Address: 5143 HOLLY ROAD
City-St-Zip: SAINT AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HELEN, ADDER
Address: 156 RIVER MARSH DR.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VP (X) Change () Addition
Name: CAROLINE, VOLK
Address: 5143 HOLLY RD.
City-St-Zip: SAINT AUGUSTINE, FL 32080

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

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: HELEN ADDER

DP

02/17/2009

Electronic Signature of Signing Officer or Director

Date