

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 31 PM 3: 26

DOCUMENT # **N30156 (6)**

1. Corporation Name

**LEMON BAY ISLES 3 PROPERTY OWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**WILLIAM J HARRINGTON  
6121 SHEARWATER DR.  
ENGLEWOOD FL 34224**

**WILLIAM J HARRINGTON  
6121 SHEARWATER DR.  
ENGLEWOOD FL 34224**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/12/1989</b>	3a. Date of Last Report <b>04/29/1994</b>
4. FEI Number <b>65-0466385</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21. <b>HARRY FISHER</b> Suite, Apt. #, etc. 22. <b>8461 TANAKA DR.</b> City & State 23. <b>ENGLEWOOD, FL</b> Zip 24. <b>34224</b> Country	2a. Mailing Address 26. <b>HARRY FISHER</b> Suite, Apt. #, etc. 27. <b>8461 TANAKA DR.</b> City & State 28. <b>ENGLEWOOD, FL</b> Zip 29. <b>34224</b> Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/> <b>\$68.75 Supplemental Fee Not Required</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARRINGTON, WILLIAM J  
6121 SHEARWATER DR  
ENGLEWOOD FL 34224**

81 Name <b>HARRY FISHER</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>8461 TANAKA DR</b>
83
84 City <b>ENGLEWOOD FL</b> 85 Zip Code <b>34224</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Harold Fisher* DATE: **3/20/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PO</b>	NAME <b>HARRINGTON, WILLIAM J</b>	1.1 TITLE <b>PRES</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>6121 SHEARWATER DR</b>	CITY - ST - ZIP <b>ENGLEWOOD FL 34224</b>	1.2 NAME <b>HARRY FISHER</b>	
		1.3 STREET ADDRESS <b>8461 TANAKA DR.</b>	
		1.4 CITY - ST - ZIP <b>ENGLEWOOD FL 34224</b>	
TITLE <b>VO</b>	NAME <b>BELKNAP, CLINTON</b>	2.1 TITLE <b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>6067 SHEARWATER DR</b>	CITY - ST - ZIP <b>ENGLEWOOD, FL 34224</b>	2.2 NAME <b>MANUEL TORRES</b>	
		2.3 STREET ADDRESS <b>8407 BUTTONQUAIL DR</b>	
		2.4 CITY - ST - ZIP <b>ENGLEWOOD, FL 34224</b>	
TITLE <b>SO</b>	NAME <b>LAWRACK, KENNETH</b>	3.1 TITLE <b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>6081 SHEARWATER DR</b>	CITY - ST - ZIP <b>ENGLEWOOD FL 34224</b>	3.2 NAME <b>ALFRED LANGDON</b>	
		3.3 STREET ADDRESS <b>8978 NIGHT HAWK DR</b>	
		3.4 CITY - ST - ZIP <b>ENGLEWOOD, FL 34224</b>	
TITLE <b>TD</b>	NAME <b>LICHTY, DONALD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>8455 BUTTONQUAIL DR</b>	CITY - ST - ZIP <b>ENGLEWOOD FL 34224</b>	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
TITLE <b>D</b>	NAME <b>GRONCE, ROBERT T</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>2860 S. MCCALL ROAD</b>	CITY - ST - ZIP <b>ENGLEWOOD FL 34224</b>	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY - ST - ZIP		6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Harold Fisher* DATE: **3/20/95**