

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N30156 (6)**

1. Corporation Name

LEMON BAY ISLES 3 PROPERTY OWNERS' ASSOCIATION, INC.



600001784836
-04/18/96--01010--002
***61.25

Principal Place of Business

Mailing Address

FISHER, HARRY
8461 TANAKA DRIVE
ENGLEWOOD FL 34224
US

FISHER, HARRY
8461 TANAKA DRIVE
ENGLEWOOD FL 34224
US

3. Date Incorporated or Qualified
01/12/1989

3a. Date of Last Report
03/31/1995

2. Principal Place of Business

2b. Mailing Address

21 **TORRES, MANUEL**
Suite, Apt. #, etc.

26 **TORRES, MANUEL**
Suite, Apt. #, etc.

4. FEI Number
65-0466385

Applied For
Not Applicable

22 **8407 BUTTONQUAIL DR**
City & State

27 **8407 BUTTONQUAIL DR.**
City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 **ENGLEWOOD, FL**
Zip Country

28 **ENGLEWOOD, FL**
Zip Country

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 **34224**

25 **CHARLOTTE**

29 **34224**

30 **CHARLOTTE**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FISHER, HARRY
8461 TANAKA DRIVE
ENGLEWOOD FL 34224

TORRES, Manuel
8407 Buttonquail Dr
Englewood, FL 34224

81 Name **TORRES, MANUEL**

82 Street Address (P.O. Box Number is Not Acceptable)

8407 BUTTONQUAIL DR

83

84 City **ENGLEWOOD**

FL

85 Zip Code **34224**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Manuel Torres*
Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12-9-96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** DELETE
NAME **FISHER, HARRY**
STREET ADDRESS **8461 TANAKA DRIVE**
CITY-ST-ZIP **ENGLEWOOD FL**

1.1 TITLE **D** Change Addition
1.2 NAME **FISHER, HARRY**
1.3 STREET ADDRESS **8461 TANAKA DR**
1.4 CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE **VD** DELETE
NAME **TORRES, MANUEL**
STREET ADDRESS **8407 BUTTONQUAIL DRIVE**
CITY-ST-ZIP **ENGLEWOOD FL**

2.1 TITLE **PD** Change Addition
2.2 NAME **TORRES, MANUEL**
2.3 STREET ADDRESS **8407 BUTTONQUAIL DR**
2.4 CITY-ST-ZIP **ENGLEWOOD, FL 34224**

TITLE **TD** DELETE
NAME **LANGDON, ALFRED**
STREET ADDRESS **8478 NIGHT HAWK DRIVE**
CITY-ST-ZIP **ENGLEWOOD FL**

3.1 TITLE **SD** Change Addition
3.2 NAME **HARRINGTON, WILLIAM**
3.3 STREET ADDRESS **6121 SHEARWATER DR**
3.4 CITY-ST-ZIP **ENGLEWOOD, FL 34224**

TITLE **TD** DELETE
NAME **LICHTY, DONALD**
STREET ADDRESS **8455 BUTTONQUAIL DR**
CITY-ST-ZIP **ENGLEWOOD FL 34224**

4.1 TITLE **TD** Change Addition
4.2 NAME **LICHTY DONALD**
4.3 STREET ADDRESS **8455 BUTTONQUAIL DR**
4.4 CITY-ST-ZIP **ENGLEWOOD, FL 34224**

TITLE **TD** DELETE
NAME **STAHL, THOMAS**
STREET ADDRESS **8474 BUTTONQUAIL DR**
CITY-ST-ZIP **ENGLEWOOD, FL 34224**

5.1 TITLE **VD** Change Addition
5.2 NAME **STAHL, THOMAS**
5.3 STREET ADDRESS **8474 BUTTONQUAIL DR**
5.4 CITY-ST-ZIP **ENGLEWOOD, FL 34224**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
900001784836
-04/18/96--01010--003
*****8.75**

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(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Harry Fisher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96
Date

Daytime Phone #

CR2E037 (12/95)

Manuel Torres
4-16-96