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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N30156 (6)
1. Corporation Name
LEMON BAY ISLES 3 PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business TORRES, MANUEL 8407 BUTTONQUAIL DR. ENGLEWOOD FL 34224 US	Mailing Address TORRES, MANUEL 8407 BUTTONQUAIL DR. ENGLEWOOD FL 34224-9524 US
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3. Date Incorporated or Qualified 01/12/1989	3a. Date of Last Report 04/16/1996
4. FEI Number 65-0466385	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 6100 TOUCAN DR Suite, Apt. #, etc.	2a. Mailing Address 26 6100 TOUCAN DR Suite, Apt. #, etc.
22 City & State 23 ENGLEWOOD FL Zip Country	27 City & State 28 ENGLEWOOD FL Zip Country
24 34224 25	29 34224 30

9. Name and Address of Current Registered Agent
**TORRES, MANUEL
8407 BUTTONQUAIL DR.
ENGLEWOOD FL 34224**

10. Name and Address of New Registered Agent

81 Name TBM D. STAHL
82 Street Address (P.O. Box Number is Not Acceptable) 6100 TOUCAN 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 *Tom D. Stahl* **TOM D. STAHL** DATE **4-5-97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FISHER, HARRY	
STREET ADDRESS	8461 TANAKA DRIVE	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	TORRES, MANUEL	
STREET ADDRESS	8407 BUTTONQUAIL DRIVE	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HARRINGTON, WILLIAM	
STREET ADDRESS	6121 SHEARWATER DRIVE	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LICHTY, DONALD	
STREET ADDRESS	8455 BUTTONQUAIL DR	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	STAHL, THOMAS	
STREET ADDRESS	8479 BUTTONQUAIL DRIVE	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	STAHL, TOM D.	
5.3 STREET ADDRESS	8479 BUTTONQUAIL DR	
5.4 CITY-ST-ZIP	ENGLEWOOD FL 34224	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	PROCTOR, ROBERT	
6.3 STREET ADDRESS	8454 TANAKA DR	
6.4 CITY-ST-ZIP	ENGLEWOOD FL 34224	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

Tom D. Stahl

CR2E037 (9/96)