

FILE NOW: FILING FEE IS \$61.25

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Apr 15 1998 8:00am
Secretary of State



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

NONPROFIT CORPORATION
ANNUAL REPORT
1998

DOCUMENT # **N30156 (6)**
1. Corporation Name
LEMON BAY ISLES 3 PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
**6100 TOUCAN DR
ENGLEWOOD FL 34224
US** **6100 TOUCAN DR
8407 BUTTONGUAIL DR
ENGLEWOOD FL 34224
US**

3. Date Incorporated or Qualified
01/12/1989
4. FEI Number **65-0466385** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address
21. **SAME** 2b. **SAME**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip Country 29. Zip Country 30. Country

9. Name and Address of Current Registered Agent
**STAHL, TOM D
6100 TOUCAN DR
ENGLEWOOD FL 34224**

10. Name and Address of New Registered Agent
81. Name **ROBERT J. PROCTOR**
82. Street Address (P.O. Box Number is Not Acceptable) **8479 TANAKA DR**
83. **h**
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 **Robert J. Proctor** **ROBERT J. PROCTOR** DATE **4-6-98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	1.1 TITLE	DIV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, HARRY	1.2 NAME	FRANCIS HAWES
STREET ADDRESS	8461 TANAKA DRIVE	1.3 STREET ADDRESS	6053 SHEARWATER DRIVE
CITY-ST-ZIP	ENGLEWOOD FL	1.4 CITY-ST-ZIP	ENGLEWOOD, FL. 34224
TITLE	D	2.1 TITLE	RD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROCTER, ROBERT	2.2 NAME	ROBERT PROCTOR
STREET ADDRESS	8454 TANAKA DR	2.3 STREET ADDRESS	8479 TANAKA DR.
CITY-ST-ZIP	ENGLEWOOD FL	2.4 CITY-ST-ZIP	ENGLEWOOD, FL.
TITLE	SD	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRINGTON, WILLIAM	3.2 NAME	GENEVA MARLETTE
STREET ADDRESS	6121 SHEARWATER DRIVE	3.3 STREET ADDRESS	8475 TANAKA, JR
CITY-ST-ZIP	ENGLEWOOD FL 34224	3.4 CITY-ST-ZIP	ENGLEWOOD, FL
TITLE	TD	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UCHTY, DONALD	4.2 NAME	LEO MILEWSKI
STREET ADDRESS	8455 BUTTONGUAIL DR	4.3 STREET ADDRESS	8467 TANAKA DR
CITY-ST-ZIP	ENGLEWOOD FL 34224	4.4 CITY-ST-ZIP	ENGLEWOOD, FL.
TITLE	PD	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAHL, TOM D	5.2 NAME	CECIL STEKEL
STREET ADDRESS	8479 BUTTONGUAIL DR	5.3 STREET ADDRESS	8479 TANAKA DR
CITY-ST-ZIP	ENGLEWOOD FL	5.4 CITY-ST-ZIP	ENGLEWOOD, FL
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE: **SIG [Signature]** **Robert J. Proctor** **4-6-98** **941-473-9290**

CR2E037 (10/97)