


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90286 010 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N30156**

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

Principal Place of Business 6100 TOUCAN DR ENGLEWOOD FL 34224 US	Mailing Address 6100 TOUCAN DR 8407 BUTTONQUAIL DR. ENGLEWOOD FL 34224 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/12/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0466385
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent

**PROCTOR, ROBERT J**  
**8454 TANAKA DR**  
**ENGLEWOOD FL 34224**

10. Name and Address of New Registered Agent

81 Name **WRIGHT, ANDREW**  
 82 Street Address (P.O. Box Number is Not Acceptable) **8466 KINGLET DRIVE**  
 83 **ENGLEWOOD, FL 34224**  
 84 City **FL** 85 Zip Code

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 *Andrew Wright* **ANDREW WRIGHT PRESIDENT** 5/11/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>HAWES, FRANCIS</b>	
STREET ADDRESS	<b>6052 SHEARWATER DR</b>	
CITY-ST-ZIP	<b>ENGLEWOOD FL 34224</b>	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	<b>PROCTER, ROBERT</b>	
STREET ADDRESS	<b>8454 TANAKA DR</b>	
CITY-ST-ZIP	<b>ENGLEWOOD FL</b>	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	<b>MARLETTE, GENEVA</b>	
STREET ADDRESS	<b>8485 TANAKA DR</b>	
CITY-ST-ZIP	<b>ENGLEWOOD FL 34224</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>MILEWSKI, LEO</b>	
STREET ADDRESS	<b>8467 TANAKA DR</b>	
CITY-ST-ZIP	<b>ENGLEWOOD FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>STEKEL, CECIL</b>	
STREET ADDRESS	<b>8479 TANAKA DR</b>	
CITY-ST-ZIP	<b>ENGLEWOOD FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>WRIGHT, ANDREW</b>	
1.3 STREET ADDRESS	<b>8466 KINGLET DRIVE</b>	
1.4 CITY-ST-ZIP	<b>ENGLEWOOD FL 34224</b>	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>HAWES, FRANCIS</b>	
2.3 STREET ADDRESS	<b>6052 SHEARWATER DRIVE</b>	
2.4 CITY-ST-ZIP	<b>ENGLEWOOD FL 34224</b>	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>GODLEWSKY, MARY</b>	
3.3 STREET ADDRESS	<b>8358 KINGLET DRIVE</b>	
3.4 CITY-ST-ZIP	<b>ENGLEWOOD, FLA 34224</b>	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>MCWHIRTER, KENNETH</b>	
4.3 STREET ADDRESS	<b>6089 TOUCAN DRIVE</b>	
4.4 CITY-ST-ZIP	<b>ENGLEWOOD FL 34224</b>	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>MILEWSKI, LEO</b>	
5.3 STREET ADDRESS	<b>8467 TANAKA DRIVE</b>	
5.4 CITY-ST-ZIP	<b>ENGLEWOOD, FL 34224</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 with all other like empowered.

SIGNATURE: *Leo Milewski* **LEO MILEWSKI, TREASURER** 5-11-99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)