

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

04-17-2002 90144 028 ****61.25

DOCUMENT # N30156

1. Entity Name

LEMON BAY ISLES PHASE 3/4 PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6100 TOUCAN DR
 ENGLEWOOD FL 34224
 US

6100 TOUCAN DR
~~XXXXXXXXXXXX~~
 ENGLEWOOD FL 34224
 US

2. Principal Place of Business

3. Mailing Address

6100 Toucan Dr.
 Suite, Apt. #, etc.

6100 TOUCAN DR.
 Suite, Apt. #, etc.

City & State

City & State

Englewood FL

Englewood, FL

Zip

Country

Zip

Country

34224 Charlotte

34224 USA

4. FEI Number

65-0466385

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~WRIGHT, ANDREW~~
~~8466 KINGLET DRIVE~~
~~ENGLEWOOD FL 34224~~

Name **FRANCES HAWES**

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

6052 Shearwater Drive

City

Englewood

FL

Zip Code

34224

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Frances Hawes

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** Delete
 NAME **BALL, JUDY**
 STREET ADDRESS **8419 BUTTONQUAIL DR**
 CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE **P** Change Addition
 NAME **FRANCES HAWES PD**
 STREET ADDRESS **6052 Shearwater DR**
 CITY-ST-ZIP **Englewood, FL 34224**

TITLE **V** Delete
 NAME **HAWES, FRANCES**
 STREET ADDRESS **6052 SHEARWATER DRIVE**
 CITY-ST-ZIP **ENGLEWOOD, FL 34224**

TITLE **B** Change Addition
 NAME **BALL, JUDITH D**
 STREET ADDRESS **8419 Buttonquail Dr**
 CITY-ST-ZIP **Englewood, FL 34224**

TITLE **SD** Delete
 NAME **BROWN, CATHY**
 STREET ADDRESS **8467 TANAKA DR**
 CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE **W** Change Addition
 NAME **William Simons D**
 STREET ADDRESS **8412 Kinglet Dr.**
 CITY-ST-ZIP **Englewood, FL 34224**

TITLE **TD** Delete
 NAME **MCWHIRTER, KENNETH**
 STREET ADDRESS **6089 TOUCAN DRIVE**
 CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **MILEWSKI, LEO**
 STREET ADDRESS **8467 TANAKA DRIVE**
 CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **WRIGHT, ANDY**
 STREET ADDRESS **8466 KINGLET DR**
 CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Cathy E. Brown
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-02 (941-475-9089)
 2/17/02 941-460-9487
 Date Daytime Phone #

CR2E037 (9/01)