


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90013 049 ****61.25

| | | | | | |
|---|---------------------|--|--|---|--|
| DOCUMENT # N30156 | | | |  | |
| 1. Entity Name LEMON BAY ISLES PHASE 3/4 PROPERTY OWNERS ASSOCIATION, INC. | | | | | |
| Principal Place of Business 6100 TOUCAN DR ENGLEWOOD, FL 34224 US | | | Mailing Address 6100 TOUCAN DR ENGLEWOOD, FL 34224 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 65-0466385 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| HAWES, FRANCES 6052 SHEARWATER DR ENGLEWOOD, FL 34224 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL | | Zip Code |
| 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when retaining) | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | D P | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HAWES, FRANCES | | NAME | | |
| STREET ADDRESS | 6052 SHEARWATER DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | ENGLEWOOD, FL 34224 | | CITY-ST-ZIP | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROWN, CATHY | | NAME | | |
| STREET ADDRESS | 8467 TANAKA DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | ENGLEWOOD, FL 34224 | | CITY-ST-ZIP | | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete | TITLE | T.D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCWHIRTER, KENNETH | | NAME | LYONS, RICHARD | |
| STREET ADDRESS | 6089 TOUCAN DRIVE | | STREET ADDRESS | 8442 NIGHTHAWK DR | |
| CITY-ST-ZIP | ENGLEWOOD, FL 34224 | | CITY-ST-ZIP | ENGLEWOOD FL 34224 | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SIMONS, WILLIAM | | NAME | | |
| STREET ADDRESS | 8412 KINGLET DR. | | STREET ADDRESS | | |
| CITY-ST-ZIP | ENGLEWOOD, FL 34224 | | CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CUTTING, FRED | | NAME | HORBERT, PATRICIA | |
| STREET ADDRESS | 8443 TANAKA DR. | | STREET ADDRESS | 8430 KINGLET DR. | |
| CITY-ST-ZIP | ENGLEWOOD, FL 34224 | | CITY-ST-ZIP | ENGLEWOOD FL 34224 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: <i>Richard Lyons</i> | | RICHARD LYONS | | 3-15-04 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Date | |
| | | | | 941 475 0209 | |
| | | | | Display Phone # | |