

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2005 8:00 am**  
**Secretary of State**

02-25-2005 90144 007 \*\*\*\*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**      **6100 TOUCAN DR**  
**ENGLEWOOD, FL 34224 US**      **ENGLEWOOD, FL 34224 US**



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

02112005    Chg-NP    CR2E037 (10/03)

City & State      City & State

4. FEI Number      Applied For  
**65-0466385**      Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**HAWES, FRANCES**  
**6052 SHEARWATER DR**  
**ENGLEWOOD, FL 34224**

**7. Name and Address of New Registered Agent**  
 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and the Corporation. (NOTE: Registered Agenting will be required when existing) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>HAWES, FRANCES</b>
STREET ADDRESS	<b>6052 SHEARWATER DR</b>
CITY-ST-ZIP	<b>ENGLEWOOD, FL 34224</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>BROWN, CATHY</b>
STREET ADDRESS	<b>8467 TANAKA DR</b>
CITY-ST-ZIP	<b>ENGLEWOOD, FL 34224</b>
TITLE	<b>TD</b> <input type="checkbox"/> Delete
NAME	<b>LYONS, RICHARD</b>
STREET ADDRESS	<b>8442 NIGHTHAWK DR.</b>
CITY-ST-ZIP	<b>ENGLEWOOD, FL 34224</b>
TITLE	<b>P</b> <input checked="" type="checkbox"/> Delete
NAME	<b>SIMONS, WILLIAM</b>
STREET ADDRESS	<b>8412 KINGLET DR.</b>
CITY-ST-ZIP	<b>ENGLEWOOD, FL 34224</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>HORBERT, PATRICIA</b>
STREET ADDRESS	<b>8430 KINGLET DR.</b>
CITY-ST-ZIP	<b>ENGLEWOOD, FL 34224</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Tom Gude</b>
STREET ADDRESS	<b>6085 Shearwater Dr.</b>
CITY-ST-ZIP	<b>Englewood, FL 34224</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>John Vendetta</b>
STREET ADDRESS	<b>8370 Kinglet Drive</b>
CITY-ST-ZIP	<b>Englewood, FL 34224</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Richard Lyon      **RICHARD LYONS**      2-23-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Day to Phone #