
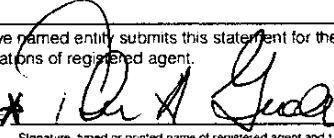



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90015 050 ****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		
Zip	Country	Zip	Country	4. FEI Number 65-0466385	
				Applied For Not Applicable	
				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 GUDE, TOM Street Address (P.O. Box Number is Not Acceptable) 6085 SHEARWATER DR. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	
Filing Fee is \$61.25 Due by May 1, 2006		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	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWES, FRANCES		NAME	CROCE, JOE	
STREET ADDRESS	6052 SHEARWATER DR		STREET ADDRESS	8479 KINGLET DR.	
CITY-ST-ZIP	ENGLEWOOD, FL 34224		CITY-ST-ZIP	ENGLEWOOD FL. 34224	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	HATHON, STAN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, CATHY		NAME	8436 KINGLET DR	
STREET ADDRESS	8467 TANAKA DR		STREET ADDRESS	ENGLEWOOD FL. 34224	
CITY-ST-ZIP	ENGLEWOOD, FL 34224		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYONS, RICHARD		NAME		
STREET ADDRESS	8442 NIGHTHAWK DR.		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD, FL 34224		CITY-ST-ZIP		
TITLE	<input checked="" type="checkbox"/> D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUDE, TOM		NAME		
STREET ADDRESS	6085 SHEARWATER DR		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD, FL 34224		CITY-ST-ZIP		
TITLE	<input checked="" type="checkbox"/> P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VENDETTA, JOHN		NAME		
STREET ADDRESS	8370 KINGLET DR		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD, FL 34224		CITY-ST-ZIP		
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 exemptions contained in Chapter 119, 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: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 3-22-06 Daytime Phone #	

