

DOCUMENT # N30156

1. Entity Name
LEMON BAY ISLES PHASE 3-4 PROPERTY OWNERS'
ASSOCIATION, INC.



FILED
Feb 28, 2007 08:00 AM
Secretary of State

Principal Place of Business
6100 TOUCAN DR
ENGLEWOOD, FL 34224 US

Mailing Address
6100 TOUCAN DR
ENGLEWOOD, FL 34224 US



02242007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

GUDE, TOM
6085 SHEARWATER DR
ENGLEWOOD, FL 34224

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CROCE, JOE
STREET ADDRESS	8479 KINGLET DR
CITY-ST-ZIP	ENGLEWOOD, FL 34224
TITLE	S
NAME	HATHON, STAN
STREET ADDRESS	8438 KINCLET DR
CITY-ST-ZIP	ENGLEWOOD, FL 34224
TITLE	TD
NAME	LYONS, RICHARD
STREET ADDRESS	8442 NIGHTHAWK DR.
CITY-ST-ZIP	ENGLEWOOD, FL 34224
TITLE	D
NAME	GUDE, TOM
STREET ADDRESS	6085 SHEARWATER DR
CITY-ST-ZIP	ENGLEWOOD, FL 34224
TITLE	P
NAME	VENETTA, JOHN
STREET ADDRESS	8370 KINGLET DR
CITY-ST-ZIP	ENGLEWOOD, FL 34224
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD0000651798
03/09/07-80022-004 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Richard Lyons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-07 941 475 0209
Date Daytime Phone #