

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30156

FILED
Feb 22, 2009
Secretary of State

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

Current Principal Place of Business:

6100 TOUCAN DR
ENGLEWOOD, FL 34224 US

New Principal Place of Business:

Current Mailing Address:

6100 TOUCAN DR
ENGLEWOOD, FL 34224 US

New Mailing Address:

FEI Number: 65-0466385

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUDE, TOM
6085 SHEARWATER DR
ENGLEWOOD, FL 34224 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: HATHON, STAN
Address: 8436 KINCLET DR
City-St-Zip: ENGLEWOOD, FL 34224

Title: TD () Delete
Name: LYONS, RICHARD
Address: 8442 NIGHTHAWK DR.
City-St-Zip: ENGLEWOOD, FL 34224

Title: D () Delete
Name: GUDE, TOM
Address: 6085 SHEARWATER DR
City-St-Zip: ENGLEWOOD, FL 34224

Title: P () Delete
Name: VENDETTA, JOHN
Address: 8370 KINGLET DR
City-St-Zip: ENGLEWOOD, FL 34224

Title: D () Delete
Name: OLMSTED, BRUCE
Address: 6083 TOUCAN DRIVE
City-St-Zip: ENGLEWOOD, FL 34224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S D (X) Change () Addition
Name: HATHON, STAN
Address: 8436 KINCLET DR
City-St-Zip: ENGLEWOOD, FL 34224

Title: T D (X) Change () Addition
Name: LYONS, RICHARD
Address: 8442 NIGHTHAWK DR.
City-St-Zip: ENGLEWOOD, FL 34224

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: VENDETTA, JOHN
Address: 8370 KINGLET DR
City-St-Zip: ENGLEWOOD, FL 34224

Title: P D (X) Change () Addition
Name: OLMSTED, BRUCE
Address: 6083 TOUCAN DRIVE
City-St-Zip: ENGLEWOOD, FL 34224

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD LYONS

T D

02/22/2009

Electronic Signature of Signing Officer or Director

Date