


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91306 030 ****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
ENGLEWOOD FL 34224
US**

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ENGLEWOOD FL 34224
US**

11024370



CHECK HERE IF MAKING CHANGES

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 **\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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	P	<input checked="" type="checkbox"/> Delete
NAME	HANES, FRANCES	
STREET ADDRESS	6052 SHEARWATER DR	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BALL, JUDITH	
STREET ADDRESS	8419 BUTTON QUAIL DR.	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	S	<input type="checkbox"/> Delete
NAME	BROWN, CATHY	
STREET ADDRESS	8467 TANAKA DR	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCWHIRTER, KENNETH	
STREET ADDRESS	6089 TOUCAN DRIVE	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAM, SIMONS	
STREET ADDRESS	8412 KINGLET DR.	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D HAWES, FRANCES	
STREET ADDRESS	6052 SHEARWATER DR.	
CITY-ST-ZIP	ENGLEWOOD, FL 34224	
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D CUTTING, FRED	
STREET ADDRESS	8443 TANAKA DR	
CITY-ST-ZIP	ENGLEWOOD, FL 34224	

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: *Frances Hanes* 4-25-2003 (941) 475-9087

CR2E037 (10/02)