

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N38531 (2)**

1. Corporation Name
LEMON BAY ISLES PHASE 4 PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
% ROBERT T. GRANICZ
2950 S. MCCALL RD
ENGLEWOOD FL 34224

3. Date Incorporated or Qualified **06/11/1990** 3a. Date of Last Report **04/26/1995**
4. FEI Number **NOT APPLICABLE** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **% Harry Loghry** 26 **% Harry Loghry**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **6095 Toucan Dr.** 27 **6095 Toucan Dr.**
City & State City & State
23 **Englewood, FL** 28 **Englewood, FL**
Zip Country Zip Country
24 **34224** 25 **USA** 29 **34224** 30 **USA**

9. Name and Address of Current Registered Agent
GRANICZ, ROBERT T.
2950 S. MCCALL RD
ENGLEWOOD FL 34224

10. Name and Address of New Registered Agent
81 Name **Harry Loghry**
82 Street Address (P.O. Box Numbers Not Acceptable)
83 **6095 Toucan Dr.**
84 City **Englewood** 85 Zip Code **FL 34224**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Harry Loghry** *Harry S. Loghry* 3-15-96
Signature, typed or printed name of registered agent and date of signature (NOTE: Registered Agent signature panel when transferring)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GRANICZ, ROBERT T.	
STREET ADDRESS	2950 S. MCCALL RD	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GRANICZ, JOSEPH G.	
STREET ADDRESS	2950 S. MCCALL RD	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	WALKER, BRIAN J.	
STREET ADDRESS	2950 S. MCCALL RD	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KEATHLEY, HAROLD L.	
STREET ADDRESS	2950 S. MCCALL RD	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	HARRY LOGHRY	
13 STREET ADDRESS	6095 Toucan Dr.	
14 CITY-ST-ZIP	Englewood, FL 34224	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	VD	
22 NAME	ROBERT RUPP	
23 STREET ADDRESS	8347 KINGLET DR.	
24 CITY-ST-ZIP	ENGLEWOOD, FL 34224	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	SD	
32 NAME	ANDREW WRIGHT, JR.	
33 STREET ADDRESS	8466 KINGLET DR.	
34 CITY-ST-ZIP	ENGLEWOOD, FL 34224	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	TD	
42 NAME	CHRISTINE ALLEN	
43 STREET ADDRESS	8364 KINGLET DR.	
44 CITY-ST-ZIP	ENGLEWOOD, FL 34224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
51 TITLE	VD	
52 NAME	MADELYN DAY	
53 STREET ADDRESS	8394 KINGLET DR.	
54 CITY-ST-ZIP	ENGLEWOOD, FL 34224	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE		
62 NAME	300001761923	
63 STREET ADDRESS	-03/29/96--01012--001	
64 CITY-ST-ZIP	***61.25	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Harry Loghry** *Harry S. Loghry* 3-15-96 941-475-0144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #

CR2E037 (12/95)

Handwritten signature and date
3-26-96