


FILE NOW: FILING FEE IS \$61.25

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Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N38531 (2)
1. Corporation Name
LEMON BAY ISLES PHASE 4 PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business C/O HARRY LOGHRY 6095 TOUCAN DRIVE ENGLEWOOD FL 34224	Mailing Address C/O HARRY LOGHRY 6095 TOUCAN DRIVE ENGLEWOOD FL 34224-8796
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3. Date Incorporated or Qualified 06/11/1990	3a. Date of Last Report 03/28/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent LOGHRY, HARRY 6095 TOUCAN DRIVE ENGLEWOOD FL 34224	
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81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 L. Loghry* (NOTE: Registered Agent signature required when reinstating) DATE **3-25-97**

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	LOGHRY, HARRY
STREET ADDRESS	6095 TOUCAN DRIVE
CITY-ST-ZIP	ENGLEWOOD FL 34224
TITLE	VD
NAME	RUPP, ROBERT
STREET ADDRESS	8347 KINGLET DRIVE
CITY-ST-ZIP	ENGLEWOOD FL 34224
TITLE	SD
NAME	WRIGHT, ANDREW
STREET ADDRESS	8486 KINGLET DRIVE
CITY-ST-ZIP	ENGLEWOOD FL 34224
TITLE	TD
NAME	ALLEN, CHRISTINE
STREET ADDRESS	8384 KINGLET DRIVE
CITY-ST-ZIP	ENGLEWOOD FL 34224
TITLE	VD
NAME	DAY, MADELYN
STREET ADDRESS	8394 KINGLET DRIVE
CITY-ST-ZIP	ENGLEWOOD FL 34224
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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.

CP2E037 (9/96)