

FILE NOW: FILING FEE IS \$61.25

FILED
May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra S. Northam 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
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2. Principal Place of Business [21] Suite, Apt. #, etc. [22] City & State [23] Zip [24] Country	2a. Mailing Address [26] Suite, Apt. #, etc. [27] City & State [28] Zip [29] Country
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3. Date Incorporated or Qualified 06/11/1990	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**LOGHRY, HARRY
6095 TOUCAN DRIVE
ENGLEWOOD FL 34224**

10. Name and Address of New Registered Agent
[81] Name
[82] Street Address (P.O. Box Number is Not Acceptable)
[83]
[84] City
[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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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	8466 KINGLET DRIVE
CITY-ST-ZIP	ENGLEWOOD FL 34224
TITLE	TD
NAME	ALLEN, CHRISTINE
STREET ADDRESS	8364 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	PD
1.2 NAME	MCVHIRTER, KENNETH
1.3 STREET ADDRESS	6089 TOUCAN DRIVE
1.4 CITY-ST-ZIP	ENGLEWOOD FL 34224
2.1 TITLE	VD
2.2 NAME	LOGHRY, HARRY
2.3 STREET ADDRESS	6095 TOUCAN DRIVE
2.4 CITY-ST-ZIP	ENGLEWOOD FL 34224
3.1 TITLE	SD
3.2 NAME	GODLEWSKY, MARY
3.3 STREET ADDRESS	8358 KINGLET DRIVE
3.4 CITY-ST-ZIP	ENGLEWOOD FL 34224
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	VD
5.2 NAME	WRIGHT, ANDREW
5.3 STREET ADDRESS	8466 KINGLET DRIVE
5.4 CITY-ST-ZIP	ENGLEWOOD FL 34224
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *Christine P. Allen* 4-22-98 941-4444319

CR2E037 (10/97)