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May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000006076 (0)**

1. Corporation Name

**LEMON BAY REFLECTIONS CONDOMINIUM ASSOCIATION, I
NC.**

Principal Place of Business

**1130 MCCALL ROAD
ENGLEWOOD FL 33533**

Mailing Address

**528 LAKE OF THE WOODS DRIVE
VENICE FL 34293**



3. Date Incorporated or Qualified

10/28/1997

4. FEI Number

APPLIED FOR

☒ Applied For

☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GLASEK, GEORGI
528 LAKE OF THE WOODS DRIVE
VENICE FL 34293**

81 Name

Erik V. Korzilius

82

Street Address (P.O. Box Number is Not Acceptable)

1011 Princess Lane

83

84

City

Venice

FL

85

Zip Code

34293

11. Pursuant to the provisions of Sections 617.0602 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



Erik V. Korzilius

4/27/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **GLASEK, GEORGI**
CITY-ST-ZIP **528 LAKE OF THE WOODS DRIVE
VENICE FL 34293**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **KORZILIUS, BRUCE P**
CITY-ST-ZIP **1011 PRINCESS LANE
VENICE FL 34293**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **KORZILIUS, ERIC V**
CITY-ST-ZIP **1011 PRINCESS LANE
VENICE FL 34293**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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:


SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERIK V. KORZILIUS

4/27/98 (941) 493-3115
Date Daytime Phone #

0067000

CR2E037 (10/97)