

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90096 018 \*\*\*\*61.25

<b>DOCUMENT # N99000002551</b>					
<b>1. Entity Name</b> LYNDELL PLANTATION HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 12237 LYNDELL PLANTATION DR PANAMA CITY BEACH, FL 32407			<b>Mailing Address</b> P.O. BOX 18911 PANAMA CITY, FL 32417		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3584138	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  THOMAS, KERN L 12237 LYNDELL PLANTATION DR PANAMA CITY BEACH, FL 32407			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PT</b> THOMAS, KERN L 12237 LYNDELL PLANTATION DR PANAMA CITY BEACH, FL 32407		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> <b>Delete</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> SHOW, RICHARD 12237 LYNDELL PLANTATION DR PANAMA CITY BEACH, FL 32407		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> <b>Delete</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> SMITH, PATRICIA 12237 LYNDELL PLANTATION DR PANAMA CITY BEACH, FL 32407		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> <b>Addition</b> <b>TD</b> JOHN E. WARREN 12216 LYNDELL PLANTATION DR PANAMA CITY BEACH, FL 32407	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> LAMB, CHARLES 12237 LYNDELL PLANTATION DR PANAMA CITY BEACH, FL 32407		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> <b>Delete</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> DAVISON, BRIAN 12202 LYNDELL PLANTATION DR PANAMA CITY BEACH, FL 32407		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> <b>Delete</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> <b>Delete</b>		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> <b>Delete</b>	
<b>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.</b>					
<b>SIGNATURE:</b> _____			3-3-05 850-233-4455		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

30022683



01242005 Chg-NP CR2E037 (10/03)

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMAS, KERN L  
12237 LYNDELL PLANTATION DR  
PANAMA CITY BEACH, FL 32407

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 \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2005**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

**TITLE**  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PT**  
THOMAS, KERN L  
12237 LYNDELL PLANTATION DR  
PANAMA CITY BEACH, FL 32407

☒ **Delete**

**TITLE**  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD**  
SHOW, RICHARD  
12237 LYNDELL PLANTATION DR  
PANAMA CITY BEACH, FL 32407

☐ **Delete**

**TITLE**  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD**  
SMITH, PATRICIA  
12237 LYNDELL PLANTATION DR  
PANAMA CITY BEACH, FL 32407

☒ **Addition**

**TITLE**  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
LAMB, CHARLES  
12237 LYNDELL PLANTATION DR  
PANAMA CITY BEACH, FL 32407

☐ **Delete**

**TITLE**  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
DAVISON, BRIAN  
12202 LYNDELL PLANTATION DR  
PANAMA CITY BEACH, FL 32407

☐ **Delete**

**TITLE**  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ **Delete**

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:** \_\_\_\_\_

3-3-05 850-233-4455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #