

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762644

FILED
Jan 24, 2021
Secretary of State
0681339686CC**Entity Name:** PATIO HOMES AT LYME BAY HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**429 HAWTHORNE CRT.
INDIAN HARBOUR BEACH, FL 32937**Current Mailing Address:**429 HAWTHORNE CRT.
INDIAN HARBOUR BEACH, FL 32937 US**FEI Number: 59-2265411****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WHITE, CAROLYN
429 HAWTHORNE CRT.
INDIAN HARBOUR BEACH, FL 32937 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	MCGOVERN, TRACEY
Address	346 MARKLEY COURT
City-State-Zip:	INDIAN HARBOR BEACH FL 32937

Title	VD
Name	COURTEAU, KIM
Address	539 SUMMERSET COURT
City-State-Zip:	INDIAN HARBOUR BEACH FL 32937

Title	TD
Name	WHITE, CAROLYN
Address	429 HAWTHORNE CRT.
City-State-Zip:	INDIAN HARBOUR BEACH FL 32937

Title	SD
Name	FALLON, LEE
Address	425 HAWTHORNE COURT
City-State-Zip:	INDIAN HARBOUR BCH FL 32937

Title	MD
Name	STRICKLIN, DENNIS
Address	344 MARKLEY COURT
City-State-Zip:	INDIAN HARBOUR BCH FL 32937

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CAROLYN R WHITE**TREASURER****01/24/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date