

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30156

**FILED
Mar 30, 2015
Secretary of State
CC4834662603**

Entity Name: LEMON BAY ISLES PHASE 3-4 PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

6100 TOUCAN DR
ENGLEWOOD, FL 34224

Current Mailing Address:

6100 TOUCAN DR
ENGLEWOOD, FL 34224 US

FEI Number: 65-0466385

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DEVANEY, SAMUEL THOMAS
6156 IVORYBILLD DR.
ENGLEWOOD, FL 34224 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: SAMUEL THOMAS DEVANEY

03/30/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name DEVANEY, SAMUEL THOMAS
Address 6156 IVORYBILL DR.
City-State-Zip: ENGLEWOOD FL 34224

Title PRESIDENT
Name JERRY, KORDELSKI
Address 6037 SHEARWATER DR.
City-State-Zip: ENGLEWOOD FL 34224

Title VP
Name LEWIS, CRAIG
Address 8478 KINGLET DR.
City-State-Zip: ENGLEWOOD FL 34224

Title SECRETARY
Name AHLMAN, ALBERT
Address 6046 TOUCAN DR.
City-State-Zip: ENGLEWOOD FL 34224

Title DIRECTOR
Name COGSWELL , EDWARD
Address 6168 IVORYBILL DR.
City-State-Zip: ENGLEWOOD FL 34224

Title DIRECTOR
Name HALEY, BRENDA
Address 6076 SHEARWATER
City-State-Zip: ENGLEWOOD FL 34224

Title DIRECTOR
Name MAHONEY, KEVIN
Address 8473 TANAKA DR.
City-State-Zip: ENGLEWOOD FL 34224

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: SAMUEL THOMAS DEVANEY

TREASURER

03/30/2015

Electronic Signature of Signing Officer/Director Detail

Date