

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30156

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

FILED
Mar 07, 2024
Secretary of State
9872788122CC

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:

OTTO, JOHN R.
8472 BUTTONQUAIL 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: JOHN R. OTTO

03/07/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name OTTO, JOHN R.
Address 8472 BUTTONQUAIL DR. .
City-State-Zip: ENGLEWOOD FL 34224

Title PRESIDENT
Name AHLMAN, KATHLEEN
Address 6031 SHEARWATER DR.
City-State-Zip: ENGLEWOOD FL 34224

Title SECRETARY
Name SCHERMOND, STEVI
Address 8472 KINGLET DR.
City-State-Zip: ENGLEWOOD FL 34224

Title DIRECTOR
Name WARD, TERRY
Address 8461 BUTTONQUAIL DR.
City-State-Zip: ENGLEWOOD FL 34224

Title VP
Name ALDOUS, PAT
Address 8443 BUTTONQUAIL DR.
City-State-Zip: ENGLEWOOD FL 34224

Title ASST. TREASURER
Name FROST, PATRICIA G
Address 6058 TOUCAN DRIVE
City-State-Zip: ENGLEWOOD FL 34224

Title ASST. SECRETARY
Name BRAUER, MERDITH
Address 6156 IVORY BILL
City-State-Zip: ENGLEWOOD FL 34224

Title DIRECTOR
Name LATHROPE, KEN
Address 6097 SHEARWATER DRIVE
City-State-Zip: ENGLEWOOD FL 34224

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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: JOHN R OTTO

TREASURER

03/07/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name RONE, KEITH
Address 8443 NIGHTHAWK DRIVE
City-State-Zip: ENGLEWOOD FL 34224