

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N30156

**FILED**  
**Jun 27, 2019**  
**Secretary of State**  
**9710313856CC**

**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

06/27/2019

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

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

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

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

Title           DIRECTOR  
Name           MOONEY, BARBARA  
Address        6173 IVORYBILL DR,  
City-State-Zip: ENGLEWOOD FL 34224

Title           VP  
Name           VENDETTA, JOHN  
Address        8370 KINGLET D.  
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 T DEVANEY

**TREASURER**

06/27/2019

Electronic Signature of Signing Officer/Director Detail

Date