

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90040 032 ****61.25

DOCUMENT # 723069

1. Entity Name

LEMON BAY BOATERS, INC.



Principal Place of Business

LEMON BAY PARK
BAY PARK DR.
ENGLEWOOD FL 34223

Mailing Address

LEMON BAY BOATERS INC.
BOX 5239
ENGLEWOOD FL 34224-1428
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE CR2E037 (11/03)

4. FEI Number

59-0798538

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NEAL SCHATTAUER
2064 MISSISSIPPI AVE.
ENGLEWOOD FL 34224

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SCCHAAF, ROBERT	
STREET ADDRESS	5230 KEMPSON LANE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33981	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CHANDLER, JAMES	
STREET ADDRESS	529 BOUNDARY BLVD	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SCHATTAUER, EVNICE	
STREET ADDRESS	2064 MISSISSIPPI AVE.	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHATTAUER, NEAL	
STREET ADDRESS	2064 MISSISSIPPI AVE.	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SCHMIDT, ROBERT	
STREET ADDRESS	16 LONG MEADOW CT.	
CITY-ST-ZIP	ROTONDA WEST FL 33947	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CAHON, JOHN	
STREET ADDRESS	7220 BRANDYWINE DR.	
CITY-ST-ZIP	ENGLEWOOD FL 34224	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAAF, ROBERT	
STREET ADDRESS	5230 KEMPSON LANE	
CITY-ST-ZIP	PORT CHARLOTTE, FL. 33981	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEYER, RICHARD	
STREET ADDRESS	571 BOUNDARY BLVD.	
CITY-ST-ZIP	ROTONDA WEST, FL. 33947	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHATTAUER, EVNICE	
STREET ADDRESS	2064 MISSISSIPPI AVE.	
CITY-ST-ZIP	ENGLEWOOD, FL. 34224	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CIZMAR, JANET	
STREET ADDRESS	56 WARREN AVE.	
CITY-ST-ZIP	ENGLEWOOD, FL 34223	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'REILLY, JOSEPH	
STREET ADDRESS	7312 BROOKHAVEN TERR.	
CITY-ST-ZIP	ENGLEWOOD, FL. 34224	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIENKS, JACK	
STREET ADDRESS	1921 NEPTUNE DR.	
CITY-ST-ZIP	ENGLEWOOD, FL. 34223	

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: Neal Schattauer NEAL SCHATTAUER 2/26/04 941-475-3616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #