

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723069

Entity Name: LEMON BAY BOATERS, INC.**Current Principal Place of Business:**1949 ENGLEWOOD ROAD
ENGLEWOOD, FL 34223**Current Mailing Address:**LEMON BAY BOATERS INC.
500 BOXWOOD LANE
ENGLEWOOD, FL 34223-1969 US**FEI Number:** 65-0049473**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MECKENBERG, GERALD
2388 SNOW 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D/TREASURER
Name	HAHN, SANDRA L
Address	500 BOXWOOD LANE
City-State-Zip:	ENGLEWOOD FL 34223

Title	D/VICE PRESIDENT
Name	HAHN, DANE F
Address	500 BOXWOOD LANE
City-State-Zip:	ENGLEWOOD FL 34223

Title	DIRECTOR
Name	WILSON, ARTHUR
Address	7234 MAMOUTH STREET
City-State-Zip:	ENGLEWOOD FL 34224

Title	D/PRESIDENT
Name	MECKENBERG, GERALD
Address	7388 SNOW DRIVE
City-State-Zip:	ENGLEWOOD FL 34224

Title	D/SECRETARY
Name	ABBOTT, JUDY A
Address	6767 SAN CASA DRIVE LOT 98
City-State-Zip:	ENGLEWOOD FL 34224

Title	DIRECTOR
Name	STRAUB, JAMES E
Address	1924 PENNSYLVANIA AVE
City-State-Zip:	ENGLEWOOD FL 34224

Title	DIRECTOR
Name	NIELSON, DAVID C
Address	15392 LAKELAND CIRCLE
City-State-Zip:	PORT CHARLOTTE FL 33981

Title	DIRECTOR
Name	CAHOW, JOHN C
Address	7220 BRANDYWINE 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: SANDRA L HAHN**TREASURER****02/27/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	LEADBETTER, GRAHAM
Address	284 ROTONDA BLVD. N.
City-State-Zip:	ROTONDA WEST FL 33947