

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **704337** (5)  
1. Corporation Name  
**LEMON BAY GARDEN CLUB INC**



Principal Place of Business: **480 YALE ST ENGLEWOOD FL 34223 US**  
Mailing Address: **480 YALE STREET ENGLEWOOD FL 34223-4062**

3. Date Incorporated or Qualified: **07/26/1972**  
3a. Date of Last Report: **04/18/1995**

21	2. Principal Place of Business	2a.	Mailing Address	4.	FEI Number	Applied For	
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	59-6169744		Not Applicable	
23	City & State	27	<b>P.O. Box 1176</b>	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required	
24	Zip	28	<b>Englewood, FL</b>	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees	
25	Country	29	<b>34295</b>	30	U.S.A.	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>BREWER, RUTH 30 DOMINICA DR. ENGLEWOOD FL 34223</b>		81 Name	<b>Sheeder Margaret</b>
		82 Street Address (P.O. Box Number is Not Acceptable)	<b>7305 Regina Drive</b>
		83 City	<b>Englewood</b>
		84 State	<b>FL</b>
		85 Zip Code	<b>34224</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Margaret Sheeder* DATE: **April 18, 1996**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>TD</b>	1.1 TITLE	<b>TREASURER D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BREWER, RUTH</b>	1.2 NAME	<b>SHEEDER, MARGARET</b>
STREET ADDRESS	<b>30 DOMINICA DRIVE</b>	1.3 STREET ADDRESS	<b>7305 REGINA DRIVE</b>
CITY-ST-ZIP	<b>ENGLEWOOD FL</b>	1.4 CITY-ST-ZIP	<b>ENGLEWOOD, FL, 34224-7953</b>
TITLE	<b>PD</b>	2.1 TITLE	<b>PRESIDENT D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAIR, ALBERTA</b>	2.2 NAME	<b>SCUDDER JEAN</b>
STREET ADDRESS	<b>5178 FLEMING</b>	2.3 STREET ADDRESS	<b>12 STONE MT. BLVD.</b>
CITY-ST-ZIP	<b>PORT CHARLOTTE FL</b>	2.4 CITY-ST-ZIP	<b>ENGLEWOOD, FL, 34223-4644</b>
TITLE	<b>PD</b>	3.1 TITLE	<b>1st. VICE CHAIRMAN</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCUDDER, JEAN</b>	3.2 NAME	<b>BREWER, RUTH D</b>
STREET ADDRESS	<b>12 STONE MT. BLVD</b>	3.3 STREET ADDRESS	<b>30 DOMINICA DR.</b>
CITY-ST-ZIP	<b>ENGLEWOOD FL</b>	3.4 CITY-ST-ZIP	<b>ENGLEWOOD, FL, 34223-1846</b>
TITLE	<b>VP</b>	4.1 TITLE	<b>2nd. VICE CHAIRMAN D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GRONEMEYER, JOANN</b>	4.2 NAME	<b>COATS, HELEN</b>
STREET ADDRESS	<b>405 CYPRESS FOREST DR</b>	4.3 STREET ADDRESS	<b>89 MARK TWAIN LANE</b>
CITY-ST-ZIP	<b>ENGLEWOOD FL</b>	4.4 CITY-ST-ZIP	<b>ROTONDA WEST, FL, 33947-2140</b>
TITLE	<b>SD</b>	5.1 TITLE	<b>CORRESPONDING SEC. D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LEOPOLD, DALE</b>	5.2 NAME	<b>MURRAY IRENE</b>
STREET ADDRESS	<b>1155 GASPARILLA BLVD</b>	5.3 STREET ADDRESS	<b>2102 OYSTER CREEK DRIVE</b>
CITY-ST-ZIP	<b>ENGLEWOOD FL</b>	5.4 CITY-ST-ZIP	<b>ENGLEWOOD, FL, 34224-5434</b>
TITLE	<b>RSD</b>	6.1 TITLE	<b>RECORDING SECRETARY D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KLOTTER, PATRICIA</b>	6.2 NAME	<b>SCHRAM TONI</b>
STREET ADDRESS	<b>7482 ASHTABULA ST</b>	6.3 STREET ADDRESS	<b>3001 RIVERSHORE LANE</b>
CITY-ST-ZIP	<b>ENGLEWOOD FL</b>	6.4 CITY-ST-ZIP	<b>PORT CHARLOTTE, FL, 33953</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Margaret Sheeder* DATE: **April 18, 1996** (941)  
Signature, typed or printed name of signing officer or director Daytime Phone # **475-9267**

CR2E037 (12/95)