


FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 16 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 704337 (5)

1. Corporation Name
LEMON BAY GARDEN CLUB INC



Principal Place of Business 480 YALE ST ENGLEWOOD FL 34223 US	Mailing Address PO BOX 1176 ENGLEWOOD FL 34295 US
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3. Date Incorporated or Qualified
07/26/1972

4. FEI Number
59-6169744

Applied For	
Not Applicable	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**SHEEDER, MARGARET
7305 REGINA DR
ENGLEWOOD FL 34224**

10. Name and Address of New Registered Agent

81 Name	Scudder, Jean H.		
82 Street Address (P.O. Box Number is Not Acceptable)	12 Stone Mountain Blvd.		
83			
84 City	Englewood	85 State	FL
		86 Zip Code	34223

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 Jean H. Scudder, Treasurer Jean H. Scudder 4/10/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SHEEDER, MARGARET	
STREET ADDRESS	7305 REGINA DR	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SCUDDER, JEAN	
STREET ADDRESS	12 STONE MT BLVD	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	BREWER, RUI	
STREET ADDRESS	30 DOMINICA DR	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	COATS, HELEN	
STREET ADDRESS	89 MARK TWAIN LANE	
CITY-ST-ZIP	ROTONDA WEST FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MURRAY, IRENE	
STREET ADDRESS	2102 OYSTER CREEK DR	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SCHRAM, TONI	
STREET ADDRESS	3001 RIVERSHORE LANE	
CITY-ST-ZIP	PORT CHARLOTTE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Scudder, Jean H.	
1.3 STREET ADDRESS	12 Stone Mountain Blvd.	
1.4 CITY-ST-ZIP	Englewood, FL 34223	
2.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Brewer, Ruth	
2.3 STREET ADDRESS	30 DOMINICA DR.	
2.4 CITY-ST-ZIP	Englewood, FL 34223	
3.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	(Coats, Helen	
3.3 STREET ADDRESS	89 Mark Twain Lane	
3.4 CITY-ST-ZIP	Rotonda West, FL 33947	
4.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Cross, Carol Ann	
4.3 STREET ADDRESS	11099 McFadden Ave.	
4.4 CITY-ST-ZIP	Englewood, FL 34224	
5.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Haase, Dorothy	
5.3 STREET ADDRESS	6796 Gasparilla Pines Blvd. #52	
5.4 CITY-ST-ZIP	Englewood, FL 34224	
6.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MacElhiney, Audrey	
6.3 STREET ADDRESS	4 Sport sman Lane	
6.4 CITY-ST-ZIP	Rotonda West, FL 33947	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Jean H. Scudder Jean H. Scudder 4/10/98 (941) 475-9468

CR2E037 (10/97)