


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90151 017 \*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 704337**

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/26/1972
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6169744
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
SCUDDER, JEAN H 12 STONE MOUNTAIN BLVD ENGLEWOOD FL 34223		81 Name		
		82 Street Address (P.O. Box Number is Not Acceptable)		
		83		
		84 City	85 FL	Zip Code

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 - JEAN H. SCUDDER DATE 2/27/99

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	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCUDDER, JEAN	1.2 NAME	
STREET ADDRESS	12 STONE MOUNTAIN BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL 34223	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREWER, RUTH	2.2 NAME	
STREET ADDRESS	30 DOMINICA DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL 34223	2.4 CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COATS, HELEN	3.2 NAME	
STREET ADDRESS	89 MARK TWAIN LN	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROTONDA WEST FL 33947	3.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROSS, CAROL ANN	4.2 NAME	V D GOULTER, DOROTHY
STREET ADDRESS	11099 MCFADDEN AVE	4.3 STREET ADDRESS	1655A GULF BLVD.
CITY-ST-ZIP	ENGLEWOOD FL 34224	4.4 CITY-ST-ZIP	ENGLEWOOD, FL 34
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAASE, DOROTHY	5.2 NAME	
STREET ADDRESS	6796 GASPARILLA PINES BLVD #52	5.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL 34224	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACELHINEY, AUDREY	6.2 NAME	
STREET ADDRESS	4 SPORTSMAN LN	6.3 STREET ADDRESS	
CITY-ST-ZIP	ROTONDA WEST FL 33947	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: Jean H. Scudder - JEAN H. SCUDDER Date 2/27/99 Daytime Phone # 941-475-9468

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)