

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

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # 704337 1. Entity Name LEMON BAY GARDEN CLUB INC	
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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 Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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MOORE CR2E037 (11/03)

4. FEI Number 59-6169744	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCUDDER, JEAN H 129 JOSE GASPER DR ENGLEWOOD FL 34223
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>
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FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	TD SCUDDER, JEAN <input type="checkbox"/> Delete
NAME	129 JOSE GASPAR DRIVE
STREET ADDRESS	ENGLEWOOD FL 34223
CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> Delete
NAME	WOOD, MARILYN
STREET ADDRESS	6216 CERES ST
CITY - ST - ZIP	ENGLEWOOD FL 34224
TITLE	VD <input type="checkbox"/> Delete
NAME	CROSS, CAROL
STREET ADDRESS	206 WAYNE RD
CITY - ST - ZIP	ROTONDA WEST FL 33947
TITLE	PD <input type="checkbox"/> Delete
NAME	ROGERS, CAROL
STREET ADDRESS	216 B HIGHPOINT DRIVE
CITY - ST - ZIP	ENGLEWOOD FL 34223
TITLE	SD <input type="checkbox"/> Delete
NAME	HOWELL, PHYLLIS
STREET ADDRESS	404 BLUE SPRINGS CT
CITY - ST - ZIP	ENGLEWOOD FL 34223
TITLE	VD <input type="checkbox"/> Delete
NAME	BONELLI, MARY
STREET ADDRESS	10 STONE MOUNTAIN BLVD
CITY - ST - ZIP	ENGLEWOOD FL 34223

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000072483
CITY - ST - ZIP	03/01/04-80112-025 61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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:	 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: 2/20/04 Daytime Phone #: 941-475-9468
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