

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90046 011 ****61.25

DOCUMENT # 704337
 1. Entity 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**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: Zip Country

4. FEI Number: **59-6169744** Applied For: Not Applicable

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



40000440



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent
SCUDDER, JEAN H
129 JOSE GASPER DR
ENGLEWOOD FL 34223

7. Name and Address of New Registered Agent
 Name: **NOTE, PAMELA**
 Street Address (P.O. Box Number is Not Acceptable): **5840 WILSON ROAD**
 City: **VENICE FL** Zip Code: **34293**

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: *Pamela M. Note* (NOTE: Registered Agent signature required when reinstating)
 DATE: *Jan 25, 2005*

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: TD NAME: SCUDDER, JEAN STREET ADDRESS: 129 JOSE GASPAR DRIVE CITY-ST-ZIP: ENGLEWOOD FL 34223	<input checked="" type="checkbox"/> Delete	TITLE: TD NAME: NOTE, PAMELA STREET ADDRESS: 5840 WILSON ROAD CITY-ST-ZIP: VENICE, FLORIDA 34293	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: WOOD, MARILYN STREET ADDRESS: 6216 CERES ST CITY-ST-ZIP: ENGLEWOOD FL 34224	<input checked="" type="checkbox"/> Delete	TITLE: V.D-1st NAME: PATRICIA KAUTZ STREET ADDRESS: 225 NORTH DAVE CITY-ST-ZIP: ENGLEWOOD FL 34223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: CROSS, CAROL STREET ADDRESS: 206 WAYNE RD CITY-ST-ZIP: ROTONDA WEST FL 33947	<input checked="" type="checkbox"/> Delete	TITLE: V.D-2nd NAME: COAKLEY, ANNETTE STREET ADDRESS: 1016 OSCEOLA BLVD. CITY-ST-ZIP: ENGLEWOOD, FL 34223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: ROGERS, CAROL STREET ADDRESS: 216 B HIGHPOINT DRIVE CITY-ST-ZIP: ENGLEWOOD FL 34223	<input checked="" type="checkbox"/> Delete	TITLE: PRES. (P.D.) NAME: Phyllis Howell STREET ADDRESS: 404 BLUE SPRINGS COURT CITY-ST-ZIP: ENGLEWOOD, FL 34223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: HOWELL, PHYLLIS STREET ADDRESS: 404 BLUE SPRINGS CT CITY-ST-ZIP: ENGLEWOOD FL 34223	<input checked="" type="checkbox"/> Delete	TITLE: Corresponding Sec (VD) NAME: MARCE ELLISON STREET ADDRESS: 7227 LIGHTHOUSE ST. CITY-ST-ZIP: ENGLEWOOD, FL 34224	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: BONELLI, MARY STREET ADDRESS: 10 STONE MOUNTAIN BLVD CITY-ST-ZIP: ENGLEWOOD FL 34223	<input checked="" type="checkbox"/> Delete	TITLE: RECORDING Sec. (SD) NAME: DOROTHY HAASE STREET ADDRESS: 6796 Gasparilla Pines #52 CITY-ST-ZIP: Englewood FL 34224	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *PAMELA M. NOTE* *Pamela M. Note* *1/25/05* *941-496-7707*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #