

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90309 048 ****61.25

DOCUMENT # 704337
 1. Entity Name
LEMON BAY GARDEN CLUB INC



Principal Place of Business Mailing Address
480 YALE ST **PO BOX 1176**
ENGLEWOOD FL 34223 **ENGLEWOOD FL 34295**
US **US**



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

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-6169744 Not Applicable

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

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent
NOTE, PAMELA
5840 WILSON BOULEVARD
VENICE FL 34293

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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		
TITLE	TD	<input type="checkbox"/> Delete
NAME	NOTE, PAMELA	
STREET ADDRESS	5840 WILSON ROAD	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	VB1	<input checked="" type="checkbox"/> Delete
NAME	KAUTZ, PATRICIA	
STREET ADDRESS	225 NORTH DRIVE	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	VB2	<input checked="" type="checkbox"/> Delete
NAME	COAKLEY, ANNETTE	
STREET ADDRESS	1016 OSCEOLA BOULEVARD	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	CSVD	<input checked="" type="checkbox"/> Delete
NAME	ELLISON, MARCE	
STREET ADDRESS	7227 LIGHTHOUSE STREET	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HOWELL, PHYLLIS	
STREET ADDRESS	404 BLUE SPRINGS CT	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	RSSD	<input checked="" type="checkbox"/> Delete
NAME	HAASE, DOROTHY	
STREET ADDRESS	6796 GASPARILLA PINES #52	
CITY-ST-ZIP	ENGLEWOOD FL 34224	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VB1	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEAL, EDNA	
STREET ADDRESS	2335 10th Street	
CITY-ST-ZIP	Englewood, FL 34224-5462	
TITLE	VB2	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDA SCHILKE	
STREET ADDRESS	450 ARTIST AVE.	
CITY-ST-ZIP	ENGLEWOOD, FL 34223-0734	
TITLE	CSVD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BETTY PARKER	
STREET ADDRESS	1753 WILDEN COURT	
CITY-ST-ZIP	ENGLEWOOD FL 34224-5069	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAT KAUTZ	
STREET ADDRESS	225 NORTH DRIVE	
CITY-ST-ZIP	ENGLEWOOD, FL 34223-3637	
TITLE	RSSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY BLAKLEY	
STREET ADDRESS	430 Cedar St.	
CITY-ST-ZIP	ENGLEWOOD, FL 34223	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

PAMELA M. NOTE

SIGNATURE: Pamela M. Note Date: 3/28/06 Telephone: 941-496-7707