2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #704337 1. Entity Name LEMÓN BAY GARDEN CLUB INC Mailing Address Principal Place of Business PO BOX 1176 480 YALE ST ENGLEWOOD, FL 34295 ENGLEWOOD, FL 34223 US US

FILED Jan 17, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

CR2E037 (4/06) 01092007 No Chg-NP

4. FEI Number	 Applied For
59-6169744	Not Applicable
t O different of Data Desired	\$ 8.75 Additional

Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

NOTE, PAMELA 5840 WILSON BOULEVARD VENICE, FL 34293

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				114	THO OF AGE
8. The above the obligat	named entity submits this statement for the ions of registered agent.	purpose of changing its registered	office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Ganela Nete Signeare, typed or printed name of registered agent and title	if applicable. (NOTE: Registered A	lgent signatur	e required when reinstating)	Jan 10, 2007
<u> </u>	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Financi Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRE	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NOTE, PAMELA 5840 WILSON ROAD VENICE, FL 34293				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VB1 NEAL, EDNA 2335 10TH ST ENGLEWOOD, FL 342245462				U00000589435 01/18/07-80017-003 61.25
TITLE NAME STREET ADDRESS CITY+ST-ZIP	VB2 SCHILKE, LINDA 450 ARTIST AVE ENGLEWOOD, FL 342232736			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSVD PARKER, BETTY 1953 WALDEN CT ENGLEWOOD, FL 342245069			iN	THIS SPACE
TITLE NAME STREET ADDRESS CHY-SI-ZIP	PD KAUTZ, PAT 225 NORTH DR ENGLEWOOD, FL 342235637				
TITLE NAME STREET ADDRESS CITY+ST-ZIP	RSSD BLAKLEY, MARY 430 CEDAR ST ENGLEWOOD, FL 34223				
12. I hereby of indicated	partify that the information supplied with this	filing does not qualify for the exert and accurate and that my signature	nptions co re shall ha	ntained in Chapter 11 ve the same legal effe	9, Florida Statutes. I further certify that the information of as if made under eath; 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.