

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 APR 25 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 704337

1. Corporation Name

LEMON BAY GARDEN CLUB

2. Principal Office Address - No P.O. Box #

380 YALE STREET

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1176

Suite, Apt. #, etc.

City & State

ENGLEWOOD, FLORIDA

City & State

ENGLEWOOD, FLORIDA

Zip

34223

Country

USA

Zip

34295

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

1972

5. FEI Number

59-6169744

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PAMELA NOTE

Street Address (P.O. Box Number is Not Acceptable)

5840 Wilson Road

Suite, Apt. #, Etc.

City

VENICE

State

FL

Zip Code

34293

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Pamela M. Note

REGISTERED AGENT MUST SIGN

Date

April 11, 2008

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	LINDA Schilke	450 ARTIST AVENUE	ENGLEWOOD, FL, 34223 - 2736
V1	BARBARA JACOBSON	21 Southwind Drive	ENGLEWOOD, FL 34223 - 3134
V2	KATHY MYERS	1941 MISSISSIPPI AVE	ENGLEWOOD, FL 34224 5526
T	BARBARA MEARS	128 JOSE GASPAR Dr.	ENGLEWOOD, FL 34223 3865
C.S.	AR DITH LAVENDER	402 Blue Springs Ct.	ENGLEWOOD, FL 34223 6522
R.S.	RUTH SARGENT	181 ANNAPOLIS LANE	ROTONDA, FL 33947 2206

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Pamela M. Note

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 11, 2008

Date

496-7707

Daytime Phone #

941