

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 722543 (6)
1. Corporation Name
LEMON BAY CONSERVANCY, INC.



Principal Place of Business: **P O BOX 508 ENGLEWOOD FL 34295**
Mailing Address: **P O BOX 508 ENGLEWOOD FL 34295**

3. Date Incorporated or Qualified: **01/26/1972**
3a. Date of Last Report: **02/21/1995**
4. FEI Number: **59-6510980**
Applied For: Applied For Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip
Country

9. Name and Address of Current Registered Agent
**MILLIKEN, SALLY
3 SEAWARD CIRCLE
CAPE HAZE FL 33946**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P	<input type="checkbox"/>
NAME	MILLIKEN, SALLY	
STREET ADDRESS	3 SEAWORLD CIRCLE	
CITY-ST-ZIP	CAPE HAZE FL 33946	
TITLE	D	<input checked="" type="checkbox"/>
NAME	LENNON, ROBERT	
STREET ADDRESS	122 JOSE GAS PAR DR.	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	S	<input type="checkbox"/>
NAME	MERCER, ANN	
STREET ADDRESS	1990 ILLINOIS AVE.	
CITY-ST-ZIP	GROVE CITY FL 34224	
TITLE	T	<input type="checkbox"/>
NAME	WELTZER, ALPHA	
STREET ADDRESS	2424 PLACIDA RD. D304	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	D	<input type="checkbox"/>
NAME	HAYNES, WALTER	
STREET ADDRESS	7295 MANASOTA KEY RD.	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	D	<input type="checkbox"/>
NAME	SHARPE, PHYLLIS	
STREET ADDRESS	1498 KATHLEEN PLACE	
CITY-ST-ZIP	ENGLEWOOD FL 34223	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGED	ADDED
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	D KATZ, WILMA	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	119 S. INDIANA AVE		
2.3 STREET ADDRESS	ENGLEWOOD, FL 34223		
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	T WELTZER, ALPHA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	2424 PLACIDA RD, D304		
4.3 STREET ADDRESS	ENGLEWOOD, FL 34224		
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	D SHARPE, PHYLLIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	1498 KATHLEEN PLACE		
6.3 STREET ADDRESS	ENGLEWOOD, FL 34223		
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sally Milliken 1/22/96 941-475-9021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)