


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90366 003 ****61.25

DOCUMENT # 722543					
1. Entity 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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04152004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-6510980	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DAVID MOULDS 5005 BELLA TERRA DR. VENICE, FL 34293			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	V <input type="checkbox"/> Delete	TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SEABROOKE, JAMES M	NAME	PERRY COOK		
STREET ADDRESS	6049 MANASOTA KEY RD.	STREET ADDRESS	5048 BELLA TERRA DR		
CITY-ST-ZIP	ENGLEWOOD, FL 34223	CITY-ST-ZIP	VENICE FL 34293		
TITLE	T <input type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MOULDS, DAVE	NAME	SIEGRID COOK		
STREET ADDRESS	5005 BELLA TERRA DR.	STREET ADDRESS	5048 BELLA TERRA DR		
CITY-ST-ZIP	VENICE, FL 34293	CITY-ST-ZIP	VENICE FL 34293		
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BAKER, CHERYL	NAME	HELEN JELKS KING		
STREET ADDRESS	921 OHIO AVE	STREET ADDRESS	1800 PLACIDA RD		
CITY-ST-ZIP	ENGLEWOOD, FL 34223	CITY-ST-ZIP	ENGLEWOOD FL 34223		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MURTUA, TOM	NAME	ART COOK		
STREET ADDRESS	900E. PINE ST. SUITE 126	STREET ADDRESS	797 N MANASOTA KEY		
CITY-ST-ZIP	ENGLEWOOD, FL 34236	CITY-ST-ZIP	ENGLEWOOD FL 34223		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MORSE, BUNNY	NAME	FRANK JOHANNESSEN		
STREET ADDRESS	947 GASPARILLA BLVD.	STREET ADDRESS	1051 RACIMO DR		
CITY-ST-ZIP	ENGLEWOOD, FL 34233	CITY-ST-ZIP	SARASOTA FL 34240		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SCHNEIDER, JAN	NAME	LINDA SODERQUIST		
STREET ADDRESS	487 MEADOW LARK DR.	STREET ADDRESS	PO Box 958		
CITY-ST-ZIP	SAROSOTA, FL 34736	CITY-ST-ZIP	ENGLEWOOD FL 34295		
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: <u>David Moulds</u>		DAVID MOULDS		4/14/04 (941) 493 6546	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	