


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2006 8:00 am
Secretary of State

07-14-2006 90026 018 ****70.00

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
1847 ENGLEWOOD RD

3. Mailing Address
 Suite, Apt. #, etc.

07052006 Chg-NP CR2E037 (4/06)

City & State
ENGLEWOOD, FL

City & State
 Suite, Apt. #, etc.

Zip
34

Country
SARASOTA

4. FEI Number
59-6510980

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**VALERIE GUENTHER
 PO BOX 294
 PLACIDA, FL 33946**

7. Name and Address of New Registered Agent

Name **N. PERRY COOK**

Street Address (P.O. Box Number is Not Acceptable)
1847 ENGLEWOOD ROAD

City **ENGLEWOOD** FL Zip Code **3**

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 **N. Perry Cook** (NOTE: Registered Agent signature required when reinstating)

DATE **7-05-06**

**Filing Fee is \$61.25
 Due by September 6, 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 NAME STREET ADDRESS CITY-ST-ZIP	PRES BOSSMAN, BRENDA M 8 AMBERJACK PLACE CAPE HAZE, FL 33946	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TAYLOR, JACK 1932 ALLEN ST. ENGLEWOOD, FL 34223	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECT JOHANNESEN, B. FRANCK 1051 RACIMO DRIVE SARASOTA, FL 34240	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA GUENTHER, VALERIE 240 N. GULF BLVD KNIGHT ISLAND, FL 33946	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILLESPIE, JANET 969 CRESTWOOD ROAD ENGLEWOOD, FL 34223	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHELPS, MICHELLE 507 PINE HOLLOW CIRCLE ENGLEWOOD, FL 34223	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VALERIE GUENTHER 240 N. GULF BLVD. KNIGHT ISLAND, FL 33946	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAROL P. PETERSON 5 POINTE WAY DUN PEDRO ISLAND, FL 33946	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NORMAN HOTZ 4195 TAMiami TRAIL SE. VENUE, FL 34293	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: **N. P. Cook** **7-05-06** **475-9021**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #