
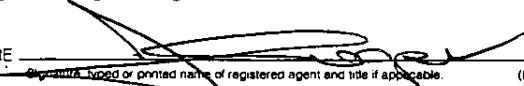
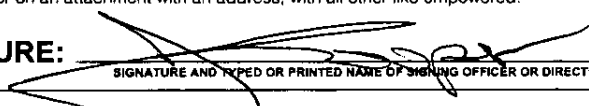


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90177 024 ****61.25

DOCUMENT # 722543			
1. Entity Name LEMON BAY CONSERVANCY, INC.			
Principal Place of Business 1847 ENGLEWOOD RD ENGLEWOOD, FL 34295 34223		Mailing Address P O BOX 508 ENGLEWOOD, FL 34295	
2. Principal Place of Business - No P.O. Box # 1847 Englewood Rd		3. Mailing Address PO Box 508	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Englewood FL		City & State Englewood FL	
4. FEI Number 59-6510980		Applied For Not Applicable	
Zip 34223		Country	
Zip 34295		Country	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent James Cooper 390 Coral Creek Drive Placida, FL 33946		7. Name and Address of New Registered Agent Name: James Cooper Street Address (P.O. Box Number is Not Acceptable) 1847 Englewood Rd. 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 		DATE 4/10/07	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES GUNTHER, VALARIE 240 NORTH GULF BLVD KNIGHT ISLAND, FL 33946 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President James Cooper 390 Coral Creek Drive Placida, FL 33946 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TAYLOR, JACK 1932 ALLEN ST. ENGLEWOOD, FL 34223 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Kathleen Rohrer 362 Bailey St. Boca Grande, FL 33921 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECT PETERSON, CAROL P 5 POINTE WAY PERRA ISLANDS, FL 33946 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 38 Placida, FL 33946
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA HOTZ, NORMAN 4195 TAMiami TR VENICE, FL 34293 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Don Milroy PO Box 983 Placida, FL 33946 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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: 		Date 4/10/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # (941) 697-2271	