## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 722543** 

FILED Jul 09, 2009 Secretary of State

Entity Name: LEMON BAY CONSERVANCY, INC.

Littly Nai	INC. ELIVION BAT CONSERVANCT, INC.	
Current Principal Place of Business:		New Principal Place of Business:
2980 PLAC STE. 201	CIDA RD	
	OOD, FL 34224	
Current M	lailing Address:	New Mailing Address:
2980 PLAC	CIDA RD	
STE. 201 ENGLEW(	OOD, FL 34224	
	: 59-6510980 FEI Number Applied For ( ) ice with s. 607.193(2)(b), F.S., the corporation di	FEI Number Not Applicable ( ) Certificate of Status Desired ( )
	I Address of Current Registered Agent:	
	ARO, RICHARD	COOPER, JAMES
2980 PLA0 STE. 201	CIDA RD	2980 PLACIDA RD STE. 201
ENGLEW	OOD, FL 34224 US	ENGLEWOOD, FL 34224 US
	e named entity submits this statement for the of Florida.	e purpose of changing its registered office or registered agent, or both,
SIGNATUI	RE: JAMES COOPER	07/09/2009
	Electronic Signature of Registered	Agent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	P () Delete COOPER, JAMES 390 CORAL CREEK DRIVE PLACIDA, FL 33946 US	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	V ( ) Delete ROHRER, KATHLEEN 362 BAILY BOCA GRANDE, FL 33921 US	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	S ( ) Delete PERCY, ANGELO 15 SPYGRASS ALLEY PLACIDA, FL 33946 US	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address:	T () Delete MILROY, DON 480 S. GULF BLVD	Title: T (X) Change ( ) Addition Name: MEANWELL, WALTER Address: P.O. BOX 1877
City-St-Zip:	PLACIDA, FL 33946 US	City-St-Zip: BOCA GRANDE, FL 33921 US
Title: Name:	ED () Delete DEGENNARO, RICHARD	Title: D (X) Change()Addition Name: DRIEST, EDIE
Address: City-St-Zip:	6218 STILLWATER CT UNIVERSITY PARK, FL 34201	Address: 27243 ADAMS STREET City-St-Zip: PUNTA GORDA, FL 33983
Title: Name: Address: City-St-Zip:	D ( ) Delete DRIEST, EDIE 27243 ADAMS ST PUNTA GORDA, FL 33983	Title: D (X) Change ( ) Addition Name: WADE, JIM Address: PO BOX 454 City-St-Zip: PLACIDA, FL 33946

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN ROHRER VP 07/09/2009