

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723069

FILED
Apr 08, 2009
Secretary of State

Entity Name: LEMON BAY BOATERS, INC.

Current Principal Place of Business:

LEMON BAY PARK
BAY PARK DR.
ENGLEWOOD, FL 34223

New Principal Place of Business:

Current Mailing Address:

LEMON BAY BOATERS INC.
BOX 5239
ENGLEWOOD, FL 342241428 US

New Mailing Address:

FEI Number: 59-0798538

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MECKENBERG, GERALD
2388 SNOW DR
ENGLEWOOD, FL 34224 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: ABBOTT, JUDITH A
Address: 6767 SAN CASA DRIVE #98
City-St-Zip: ENGLEWOOD, FL 34224

Title: D () Delete
Name: CHANDLER, JAMES H
Address: 529 BOUNDARY BLVD
City-St-Zip: ROTONDA WEST, FL 33947

Title: DT () Delete
Name: SCHMIDT, ROBERT
Address: 16 LONG MEADOW CT
City-St-Zip: ROTONDA WEST, FL 33947

Title: D () Delete
Name: BROWN, PATRICIA
Address: 224 TRAIL RAMA DR
City-St-Zip: NORTH PORT, FL 34287

Title: D () Delete
Name: O'REILLY, JOSEPH
Address: 7312 BROOKHAVEN TERR.
City-St-Zip: ENGLEWOOD, FL 34224

Title: D () Delete
Name: RIENKS, JACK
Address: 1921 NEPTUNE DR.
City-St-Zip: ENGLEWOOD, FL 34223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERT W. SCHMIDT

DT

04/08/2009

Electronic Signature of Signing Officer or Director

_____ Date