

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728866

FILED
May 01, 2009
Secretary of State

Entity Name: THE LEMON COVE CONDOMINIUM, INC.

Current Principal Place of Business:

593 SOMBRERO BEACH RD
APT. 13
MARATHON, FL 33050

New Principal Place of Business:

Current Mailing Address:

593 SOMBRERO BEACH RD
APT. 13
MARATHON, FL 33050

New Mailing Address:

FEI Number: 59-1577966 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ALBRITTON, LAWRENCE E.
2975 OVERSEAS HIGHWAY
MARATHON FL, FL 33050 US

Name and Address of New Registered Agent:

ALBRITTON, LAWRENCE E.
2975 OVERSEAS HIGHWAY
MARATHON, FL 33050 US

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

05/01/2009

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: HEWETT, GEORGINA
Address: 593 SOMBRERO BCH RD 14
City-St-Zip: MARATHON, FL 33050

Title: P () Delete
Name: DANIEL, MADELINE
Address: 591 SOMBRERO BCH RD STE 5
City-St-Zip: MARATHON, FL 33050

Title: S () Delete
Name: GLAZER, ROBERT
Address: 591 SOMBRERO BCH RD STE 3
City-St-Zip: MARATHON, FL 33050

Title: VP () Delete
Name: ATKINSON, WILLIAM DR.
Address: 593 SOMBRERO BEACH RD #9
City-St-Zip: MARATHON, FL 33050

Title: T () Delete
Name: KEELING, MIKE
Address: 591 SOMBRERO BEACH STE 2
City-St-Zip: MARATHON, FL 33050

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:

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: MADELEINE DANIEL

Electronic Signature of Signing Officer or Director

TR

05/01/2009

Date