

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2005 8:00 am**  
**Secretary of State**

01-27-2005 90050 011 \*\*\*\*61.25

**DOCUMENT # 756454**

1. Entity Name  
**LEMON BAY CEMETERY, INC.**



Principal Place of Business  
**C/O DAVID A. DUNKIN  
170 WEST DEARBORN ST.  
ENGLEWOOD, FL 34223**

Mailing Address  
**C/O DAVID A. DUNKIN  
170 WEST DEARBORN ST.  
ENGLEWOOD, FL 34223**

**40007640**



01192005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2302830**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DUNKIN, DAVID A  
170 WEST DEARBORN STREET  
ENGLEWOOD, FL 34223**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when constituting)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTRO  
DAVIS, A. FEROLD  
285 STRATFORD  
ENGLEWOOD, FL 34223**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
HORTON, ESTHER  
1017 BAY HARBOR DR.  
ENGLEWOOD, FL 34224**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DUNKIN, DAVID A  
170 W DEARBORN ST  
ENGLEWOOD, FL 34223**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DST  
BUSH, TAMMARA  
6430 ROSEWOOD DRIVE  
ENGLEWOOD, FL 34224**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-24-05**

Date

Daytime Phone #