


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

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000008368
1. Entity Name
LEMON BAY CREW CLUB, INC.



Principal Place of Business Mailing Address
406 N INDIANA AVE., STE 1 **406 N INDIANA AVE., STE 1**
ENGLEWOOD, FL 34223 **ENGLEWOOD, FL 34223**



01262005 No Chg-NP CR2E037 (10/03)

4. FEI Number **65-1079869** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
GAUNT, CAMPBELL
406 N INDIANA AVE., STE 1
ENGLEWOOD, FL 34223

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	D
NAME	BARRETT, JAN
STREET ADDRESS	601 MCCALL RD. N.
CITY - ST - ZIP	ENGLEWOOD, FL 34223
TITLE	D
NAME	CHACE, TODD
STREET ADDRESS	5341 BURGNER ST.
CITY - ST - ZIP	PORT CHARLOTTE, FL 33981
TITLE	D
NAME	MILLIKEN, BLAIR
STREET ADDRESS	175 TYLER AVE
CITY - ST - ZIP	ENGLEWOOD, FL 34223
TITLE	D
NAME	POPE, CAROLYN
STREET ADDRESS	210 WENTWORTH AVE.
CITY - ST - ZIP	ENGLEWOOD, FL 34223
TITLE	D
NAME	WAGNRE, MARY ELLEN
STREET ADDRESS	998 SOUTH OXFORD
CITY - ST - ZIP	ENGLEWOOD, FL 34223
TITLE	P
NAME	JOHNSON, EVA
STREET ADDRESS	8467 WILLIAMSBURG WAY
CITY - ST - ZIP	ENGLEWOOD, FL 34224

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01/29/05-80060-021 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]* Date 1/26/05 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR