


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED


2006 SEP 22 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

DO NOT WRITE IN THIS SPACE

	
07062006 No Chg-NP	CR2E037 (4/06)
4. FEI Number 65-1079869	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GAUNT, CAMPBELL
406 N INDIANA AVE., STE 1
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by September 6, 2006**

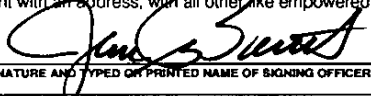
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<i>BT</i> BARRETT, JAN 604 MCGALL RD. N. 1047 MONTANA ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D CHACE, TODD 5341 BURGNER ST. PORT CHARLOTTE, FL 33981
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MILLIKEN, BLAIR 175 TYLER AVE ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D POPE, CAROLYN 210 WENTWORTH AVE. ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<i>P</i> WAGNRE, MARY ELLEN 998 SOUTH OXFORD ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P JOHNSON, EVA GLORIA KOSS 8467 WILLIAMSBURG WAY ENGLEWOOD, FL 34224

400080233074
09/27/06--01058--018 **\$61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  *8/22/06* 941-473-2535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

912500