2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008368

Entity Name: LEMON BAY CREW CLUB, INC.

FILED Feb 09, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

406 N INDIANA AVE., STE 1 3389 S. ACCESS ROAD ENGLEWOOD, FL 34223 SUITE B

ENGLEWOOD, FL 34224

Current Mailing Address: New Mailing Address:

406 N INDIANA AVE., STE 1 3389 S. ACCESS ROAD ENGLEWOOD, FL 34223 SUITE B ENGLEWOOD, FL 34224

FEI Number: 65-1079869 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GAUNT, CAMPBELL
406 N INDIANA AVE., STE 1
ENGLEWOOD, FL 34223 US
HAMRICK, GEORGE B JR.
3389 S. ACCESS ROAD
ENGLEWOOD, FL 34224 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: GEORGE B. HAMRICK, JR. 02/09/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition Name: BARRETT, JAN Name: MILLIKEN, BLAIR K

 Address:
 1047 MONTANA
 Address:
 2828-232 S. MCCALL ROAD

 City-St-Zip:
 ENGLEWOOD, FL 34223
 City-St-Zip:
 ENGLEWOOD, FL 34224

Title: D () Delete Title: D (X) Change () Addition

 Name:
 CHACE, TODD
 Name:
 TRACY, NATHAN B II

 Address:
 5341 BURGNER ST.
 Address:
 826 CALLAN STREET

 City-St-Zip:
 PORT CHARLOTTE, FL 33981
 City-St-Zip:
 ENGLEWOOD, FL 34223

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

 Name:
 MILLIKEN, BLAIR
 Name:
 CLARK, GREG

 Address:
 175 TYLER AVE
 Address:
 911 BAY VISTA DRIVE

 City-St-Zip:
 ENGLEWOOD, FL 34223
 City-St-Zip:
 ENGLEWOOD, FL 34223

Title: D (X) Delete Title: () Change () Addition

 Name:
 POPE, CAROLYN
 Name:

 Address:
 210 WENTWORTH AVE.
 Address:

 City-St-Zip:
 ENGLEWOOD, FL 34223
 City-St-Zip:

Title: D (X) Delete Title: () Change () Addition

 Name:
 WAGNRE, MARY ELLEN
 Name:

 Address:
 998 SOUTH OXFORD
 Address:

 City-St-Zip:
 ENGLEWOOD, FL 34223
 City-St-Zip:

Title: P (X) Delete Title: () Change () Addition

 Name:
 KOSS, GLORIA
 Name:

 Address:
 8467 WILLIAMSBURG WAY
 Address:

 City-St-Zip:
 ENGLEWOOD, FL 34224
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: BLAIR K. MILLIKEN D 02/09/2007