

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008368

FILED
Jan 11, 2008
Secretary of State

Entity Name: LEMON BAY CREW CLUB, INC.

Current Principal Place of Business:

12427 RAN TERRACE
PORT CHARLOTTE, FL 33981

New Principal Place of Business:

Current Mailing Address:

12427 RAN TERRACE
PORT CHARLOTTE, FL 33981

New Mailing Address:

FEI Number: 65-1079869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPENCER, CATHERINE
12427 RAN TERRACE
PORT CHARLOTTE, FL 33981 US

Name and Address of New Registered Agent:

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

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: CHACE, TODD
Address: 728 CRESTWOOD
City-St-Zip: ENGLEWOOD, FL 34223

Title: V P () Delete
Name: SPENCER, CATHERINE
Address: 12427 RAN TERRACE
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: TREA () Delete
Name: WALKER, JANE
Address: 880 KNIGHTS LANE
City-St-Zip: ENGLEWOOD, FL 34223

Title: SEC () Delete
Name: MOINETTE, SALLY
Address: 1077 GRANT ST.
City-St-Zip: ENGLEWOOD, FL 34224

Title: O () Delete
Name: KOSS, GLORIA
Address: 228 PARKVIEW DR.
City-St-Zip: VENICE, FL 34293

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SPENCER, CATHERINE
Address: 12427 RAN TERRACE
City-St-Zip: PORT CHARLOTTE, FL 339811326

Title: V P (X) Change () Addition
Name: BARRETT, JAN
Address: 1047 MONTANA AVENUE
City-St-Zip: ENGLEWOOD, FL 34223

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ASEC (X) Change () Addition
Name: GUMULA, CAROLYN
Address: 20 SPYGLASS ALLEY
City-St-Zip: CAPE HAZE, FL 33446

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: JANE WALKER

TREA

01/11/2008

Electronic Signature of Signing Officer or Director

Date