# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000008368

Entity Name: LEMON BAY CREW CLUB, INC.

## FILED Jan 12, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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12427 RAN TERRACE 880 KNIGHTS LANE PORT CHARLOTTE, FL 33981 ENGLEWOOD, FL 34223

Current Mailing Address: New Mailing Address:

12427 RAN TERRACE 880 KNIGHTS LANE PORT CHARLOTTE, FL 33981 ENGLEWOOD, FL 34223

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:

SPENCER, CATHERINE

12427 RAN TERRACE

PORT CHARLOTTE, FL 33981 US

WALKER, JANE
880 KNIGHTS LANE
ENGLEWOOD, FL 34223 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: JANE WALKER 01/12/2009

Electronic Signature of Registered Agent Date

#### **OFFICERS AND DIRECTORS:**

### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:PRES () DeleteTitle:PRES (X) Change () AdditionName:SPENCER, CATHERINEName:BARRETT, JANAddress:12427 RAN TERRACEAddress:1047 MONTANA AVENUE

City-St-Zip: PORT CHARLOTTE, FL 339811326 City-St-Zip: ENGLEWOOD, FL 34223

Address: 1047 MONTANA AVENUE Address: 20 SPYGLASS ALLEY
City-St-Zip: ENGLEWOOD, FL 34223 City-St-Zip: CAPE HAZE, FL 33446

Title: TREA ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 WALKER, JANE
 Name:

 Address:
 880 KNIGHTS LANE
 Address:

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

Title: SEC ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MOINETTE, SALLY
 Name:

 Address:
 1077 GRANT ST.
 Address:

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

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

 Name:
 GUMULA, CAROLYN
 Name:
 CARPENTER, DAWN

 Address:
 20 SPYGLASS ALLEY
 Address:
 9054 CLARION TERRACE

 City-St-Zip:
 CAPE HAZE, FL 33446
 City-St-Zip:
 ENGLEWOOD, FL 34224

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

 Name:
 Name:
 SPENCER, CATHY

 Address:
 Address:
 12427 RAN TERRACE

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

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 01/12/2009

Electronic Signature of Signing Officer or Director

Date