

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91879 043 \*\*\*\*70.00

11000001

DOCUMENT # **N01000008368**

1. Entity Name

**LEMON BAY CREW CLUB, INC.**



Principal Place of Business

**5341 BURGNER ST.  
PORT CHARLOTTE FL 33981**

Mailing Address

**5341 BURGNER ST.  
PORT CHARLOTTE FL 33981**

2. Principal Place of Business

3. Mailing Address

**406 N. INDIANA AVE** **406 N INDIANA AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 1**

**Suite #1**

City & State

City & State

**ENGLEWOOD FL**

**ENGLEWOOD FL**

Zip

Country

Zip

Country

**34223**

**MINNESOTA**

**34223**

**MINNESOTA**



CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

**CHACE, TIZZA  
5341 BURGNER ST.  
PORT CHARLOTTE FL 33981**

Name

**Campbell GAUNT**

Street Address (P.O. Box Number is Not Acceptable)

**406 N. INDIANA AVE**

**Suite #1**

City

**ENGLEWOOD**

FL

Zip Code

**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 **Campbell GAUNT TREASURER**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**5/1/03**

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BARRETT, JAN</b>	
STREET ADDRESS	<b>601 MCCALL RD. N.</b>	
CITY-ST-ZIP	<b>ENGLEWOOD FL 34223</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CHACE, TODD</b>	
STREET ADDRESS	<b>5341 BURGNER ST.</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33981</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CHACE, TIZZA</b>	
STREET ADDRESS	<b>5341 BURGNER ST.</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33981</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>POPE, CAROLYN</b>	
STREET ADDRESS	<b>210 WENTWORTH AVE.</b>	
CITY-ST-ZIP	<b>ENGLEWOOD FL 34223</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DEMERSMAN, DAVE</b>	
STREET ADDRESS	<b>1997 WHISPERING PINES BLVD.</b>	
CITY-ST-ZIP	<b>ENGLEWOOD FL 34223</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>EVA JOHNSON</b>	
STREET ADDRESS	<b>8467 WILLIAMSBURG WAY</b>	
CITY-ST-ZIP	<b>ENGLEWOOD FL 34224</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GLORIA KOSS</b>	
STREET ADDRESS	<b>228 PARKVIEW DR</b>	
CITY-ST-ZIP	<b>VENICE FL 34293</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BLAIR MILLIKEN</b>	
STREET ADDRESS	<b>175 TYLER AVE</b>	
CITY-ST-ZIP	<b>ENGLEWOOD, FL 34223</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FRANCES PALONYI</b>	
STREET ADDRESS	<b>2041 PANAMA BLVD.</b>	
CITY-ST-ZIP	<b>ENGLEWOOD, FL 34223</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARY ELLEN WAGNER</b>	
STREET ADDRESS	<b>998 SOUTH OXFORD</b>	
CITY-ST-ZIP	<b>ENGLEWOOD, FL 34223</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **CAMPBELL GAUNT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**5/1/03 941-4742020**

CR2E037 (10/02)