

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90442 038 ****61.25

DOCUMENT # N03000005575

1. Entity Name
THE LEMON BAY LEAGUE, INC.



Principal Place of Business
**244 MARK TWAIN LANE
ROTONDA, FL 33947**

Mailing Address
**244 MARK TWAIN LANE
ROTONDA, FL 33947**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

P.O. Box 801

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262007

Chg-NP

CR2E037 (12/06)

City & State

City & State

ENGLEWOOD, FL

4. FEI Number

02-0605856

Applied For

NOT APPLICABLE

Not Applicable

Zip

Country

Zip

Country

34295

USA

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

**RUSSELL, W. KEVIN
14295 SOUTH TAMiami TRAIL
NORTH PORT, FL 34287**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
COY, BILL DR
244 MARK TWAIN LANE
ROTONDA, FL 33947** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
FULRATH, LUCILLE C DR
FGCU 26300 AIRPORT RD
PUNTA GORDA, FL 33950** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V PRES.
MINNICH, TOM
1 S. DELAS PALMAS
ENGLEWOOD, FL 34223** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T/S
MCGARRY, BERNICE
8378 PARKSIDE DRIVE
ENGLEWOOD, FL 342247643** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECY
MCGARRY, BERNICE
8378 PARKSIDE DRIVE
ENGLEWOOD, FL 34224-7643** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
MINNICH, TOM
1 S DELAS PALMAS
ENGLEWOOD, FL 34223** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TREASURER
SWEPSTON, TOM
30 GOLF VIEW DRIVE
ENGLEWOOD, FL 34223-1804** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
NIESKES, GARY
56 S BUENA VISTA
ENGLEWOOD, FL 34223** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SWEPSTON, TOM
30 GOLF VIEW DRIVE
ENGLEWOOD, FL 342231804** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIR.
LAMBIE, JOHN
401 DONA DRIVE
NOKOMIS, FL 34275** ☐ Change ☒ Addition

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: **Thomas D. Sweptson** **THOMAS D. SWEPSTON 4/26/07 941/474-2214**