


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90059 001 ****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
**PO BOX 801
 ENGLEWOOD, FL 34295**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

03262008 Chg-NP CR2E037 (12/06)

4. FEI Number
02-0603856

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)

**Filing Fee is \$61.25
 Due by May 1, 2008**

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

TITLE	P	<input type="checkbox"/> Delete
NAME	COY, BILL DR	
STREET ADDRESS	244 MARK TWAIN LANE	
CITY-ST-ZIP	ROTONDA, FL 33947	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MINNICH, TOM	
STREET ADDRESS	1 S DELAS PALMAS	
CITY-ST-ZIP	ENGLEWOOD, FL 34223	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCGARRY, BERNICE	
STREET ADDRESS	8378 PARKSIDE DR	
CITY-ST-ZIP	ENGLEWOOD, FL 34224	
TITLE	T	<input type="checkbox"/> Delete
NAME	SWEPSTON, TOM	
STREET ADDRESS	30 GOLF VIEW DR	
CITY-ST-ZIP	ENGLEWOOD, FL 34223	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NIESKES, GARY	
STREET ADDRESS	58 S BUENA VISTA	
CITY-ST-ZIP	ENGLEWOOD, FL 34223	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LAMBIE, JOHN	
STREET ADDRESS	401 DONA DR	
CITY-ST-ZIP	NOKOMIS, FL 34275	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOERGER, ALBERT	
STREET ADDRESS	748 S TAMiami TR 2ND FLOOR	
CITY-ST-ZIP	OSPREY FL 34229	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAHEU, KREG	
STREET ADDRESS	9277 STEUBENVILLE AV	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNICE MCGARRY	
STREET ADDRESS	8378 PARKSIDE DR	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, ELAINE	
STREET ADDRESS	370 WEST DEARBORN ST SUITE A	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWEPSTON, TOM	
STREET ADDRESS	30 GOLF VIEW DR	
CITY-ST-ZIP	ENGLEWOOD, FL 34223	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOSSMAN, BRENDA	
STREET ADDRESS	8 AMBERJACK PL	
CITY-ST-ZIP	PLACIDA FL 33946	


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: Bernice McGarry **BERNICE MCGARRY** 03-27-08 9A1/473-1484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # N03000005575 1. Entity Name THE LEMON BAY LEAGUE, INC.					
Principal Place of Business 244 MARK TWAIN LANE ROTONDA, FL 33947			Mailing Address PO BOX 807 ENGLEWOOD, FL 34295		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		40073900 03262008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 02-0603856	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUSSELL, W. KEVIN 14295 SOUTH TAMiami TRAIL NORTH PORT, FL 34287				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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: P NAME: COY, BILL DR STREET ADDRESS: 244 MARK TWAIN LANE CITY-ST-ZIP: ROTONDA, FL 33947	<input type="checkbox"/> Delete	TITLE: D NAME: FREEMAN, SUSAN STREET ADDRESS: 8000 TAMiami TR CITY-ST-ZIP: VENICE FL 34293	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE: VP NAME: MINNICH, TOM STREET ADDRESS: 1 S DELAS PALMAS CITY-ST-ZIP: ENGLEWOOD, FL 34223	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: S NAME: MCGARRY, BERNICE STREET ADDRESS: 8378 PARKSIDE DR CITY-ST-ZIP: ENGLEWOOD, FL 34224	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: T NAME: SWEPSTON, TOM STREET ADDRESS: 30 GOLF VIEW DR CITY-ST-ZIP: ENGLEWOOD, FL 34223	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: D NAME: NIESKES, GARY STREET ADDRESS: 58 S BUENA VISTA CITY-ST-ZIP: ENGLEWOOD, FL 34223	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: D NAME: LAMBIE, JOHN STREET ADDRESS: 401 DONA DR CITY-ST-ZIP: NOKOMIS, FL 34275	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> 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 fees empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				03-27-08 941/473-1484 <small>Date Designation Phone #</small>	

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