

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005575

FILED  
Mar 13, 2009  
Secretary of State

Entity Name: THE LEMON BAY LEAGUE, INC.

## Current Principal Place of Business:

244 MARK TWAIN LANE  
ROTONDA, FL 33947

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 801  
ENGLEWOOD, FL 34295

## New Mailing Address:

FEI Number: 02-0603856

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

ARBOUR, BARBARA C  
12355 COLE AVE  
PORT CHARLOTTE, FL 33981 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: BARBARA C ARBOUR

03/13/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: COY, BILL DR  
Address: 244 MARK TWAIN LANE  
City-St-Zip: ROTONDA, FL 33947

Title: VP ( ) Delete  
Name: MINNICH, TOM  
Address: 1 S DELAS PALMAS  
City-St-Zip: ENGLEWOOD, FL 34223

Title: TD ( ) Delete  
Name: MCGARRY, BERNICE  
Address: 8378 PARKSIDE DR  
City-St-Zip: ENGLEWOOD, FL 34224

Title: SD ( ) Delete  
Name: MILLER, ELAINE  
Address: 370 WEST DEARBORN ST SUITE A  
City-St-Zip: ENGLEWOOD, FL 34223

Title: D ( ) Delete  
Name: SWEPSTON, TOM  
Address: 30 GOLF VIEW DR  
City-St-Zip: ENGLEWOOD, FL 34223

Title: D ( ) Delete  
Name: BOSSMAN, BRENDA  
Address: 8 AMBERJACK PL  
City-St-Zip: PLACIDA, FL 33946

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ANGELO, PERCY  
Address: 15 SPYGLASS ALLEY  
City-St-Zip: PLACIDA, FL 33946

Title: VP (X) Change ( ) Addition  
Name: MOORE, THOMAS  
Address: 1936 GEORGIA AVE  
City-St-Zip: ENGLEWOOD, FL 34224

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

Title: T (X) Change ( ) Addition  
Name: ARBOUR, BARBARA  
Address: 12355 COLE AVE  
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: D (X) Change ( ) Addition  
Name: COY, WILLARD DR  
Address: 244 MARK TWAIN LN  
City-St-Zip: ROTONDA WEST, FL 33947

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

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: BARBARA C ARBOUR

T

03/13/2009

Electronic Signature of Signing Officer or Director

Date