2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

May 11, 2005 8:00 am Secretary of State **DOCUMENT # N04000007784** 05-11-2005 90125 022 ****61.25 LEMON BAY YACHT CLUB, INC. Principal Place of Business Mailing Address **5263 LEMON BAY POINTE DRIVE 5263 LEMON BAY POINTE DRIVE** ENGLEWOOD, FL 34223 ENGLEWOOD, FL 34223 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03172005 Chg-NP CR2E037 (10/03) Applied For 4. FEI Number City & State City & State 52-2454683 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LANDIS, JOHN K 5263 LEMON BAY POINTE DRIVE Street Address (P.O. Box Number is Not Acceptable) ENGLEWOOD, FL 34223 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. ある過 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registored Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Added to Fees Due by May 1, 2005 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. DP TITLE ☐ Delete TITLE Change ☐ Addition LANDIS, JOHN K NAME NAME 5263 LEMON BAY POINTE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ENGLEWOOD, FL CITY+ST-ZIP DT ☐ Change ■ Addition TITLE ☐ Delete TITLE LANDIS, MARY A NAME NAME 5263 LEMON BAY POINTE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ENGLEWOOD, FL 🕟 DV ☐ Change ■ Addition TITLE ☐ Delete TITLE BEHRENS, RICHARD H NAME NAME STREET ADDRESS 359 ARDENWOOD DR STREET ADDRESS CITY-ST-78P CITY-ST-ZIP ENGLEWOOD, FL ::: ☐ Change ☐ Addition TITLE ns ☐ Delete TITLE BEHRENS, KATHLEEN B NAME STREET ADDRESS 359 ARDENWOOD DR STREET ADDRESS ENGLEWOOD, F.L. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete T(T) F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SEGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Defete

☐ Change

☐ Addition

FILED