


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2006 8:00 am
Secretary of State

07-31-2006 90001 004 ****61.25

DOCUMENT # N04000007784	
1. Entity Name LEMON BAY YACHT CLUB, INC.	

Principal Place of Business 5263 LEMON BAY POINTE DRIVE ENGLEWOOD, FL 34223	Mailing Address 5263 LEMON BAY POINTE DRIVE ENGLEWOOD, FL 34223
-------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------

50023347



2. Principal Place of Business 5263 The Pointe Suite, Apt. #, etc.	3. Mailing Address 5263 The Pointe Suite, Apt. #, etc.
---------------------------------------------------------------------------------	---------------------------------------------------------------------

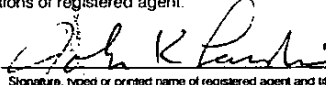
07242006 Chg-NP CR2E037 (4/06)

City & State Englewood, FL	City & State Englewood, FL	4. FEI Number 52-2454683	Applied For <input type="checkbox"/> Not Applicable
Zip 34223	Country USA	Zip 34223	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
-----------------------------------------------------------	---------------------------------------

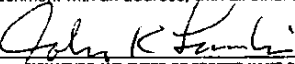
6. Name and Address of Current Registered Agent LANDIS, JOHN K 5263 LEMON BAY POINTE DRIVE ENGLEWOOD, FL 34223	
----------------------------------------------------------------------------------------------------------------------------------	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	5263 The Pointe
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 	John K. Landis July 24, 2006
<small>(NOTE: Registered Agent signature required when reinstating)</small>	

Filing Fee is \$61.25 Due by September 6, 2006	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 NAME STREET ADDRESS CITY-ST-ZIP	DP LANDIS, JOHN K 5263 LEMON BAY POINTE DRIVE ENGLEWOOD, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5263 The Pointe
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LANDIS, MARY A 5263 LEMON BAY POINTE DRIVE ENGLEWOOD, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5263 The Pointe
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BEHRENS, RICHARD H 359 ARDENWOOD DR ENGLEWOOD, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BEHRENS, KATHLEEN B 359 ARDENWOOD DR ENGLEWOOD, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 like empowered.	
SIGNATURE: 	JOHN K. Landis 7/24/2006 (941) 474-1910
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	

Note: Same location. P.O. changed street name.