# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/27.

**FILED**
**Jun 05, 2006 8:00 am**
**Secretary of State**
04-27-2006 90193 030 ****70.00

DOCUMENT # N05000006523

1. Entity Name
LEMON BAY BAND BOOSTERS, INC.

66017877

| Principal Place of Business | Mailing Address |
|---|---|
| 2201 PLACIDA RD.<br>ENGLEWOOD, FL 34224 | P.O. BOX 406<br>ENGLEWOOD, FL 34295 |

04242006 Chg-NP CR2E037 (11/05)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 20-3019686 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| JOHNSON, SHARON<br>1091 LIVE OAK CIR. #113<br>PORT CHARLOTTE, FL 33948 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2006**

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<br>MALASICS, CHRISTINE<br>9 CLUBHOUSE PLACE<br>ROTONDA WEST, FL 33947 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>AUMAN, BRUCE<br>128 MARK TWAIN LN<br>ROTONDA WEST, FL 33947 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VICE-PRESIDENT<br>HEATHER COX<br>7475 CAPITAL HTS. ST.<br>ENGLEWOOD, FL 34224 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>JOHNSON, SHARON<br>1091 LIVE OAK CIR, #113<br>PORT CHARLOTTE, FL 33948 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>PARK, TOM<br>9100 BELGRADE TERRACE<br>ENGLEWOOD, FL 34224 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ 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:** [signature] SHARON L. JOHNSON TREASURER 4/25/06 (941) 625-3474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #