

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N36791

1. Entity Name
LEMON BAY WOMAN'S CLUB, INC.



Principal Place of Business
**CORNER COCONUT & MAPLE ST
ENGLEWOOD, FL 34295 US**

Mailing Address
**PO BOX 512
ENGLEWOOD, FL 34224 US**



02112006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6154011	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DICKINSON, ROBERT A.
460 S INDIANA AVE
ENGLEWOOD, FL 34223**

**DO NOT WRITE
IN THIS SPACE**

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

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

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

T
NAME **PFEIFFER, DORIS**
STREET ADDRESS **7281 BARGELLO ST**
CITY-ST-ZIP **ENGLEWOOD, FL 34224**

P
NAME **CROCKER, MARY**
STREET ADDRESS **13 JAMESTOWN AVE**
CITY-ST-ZIP **ENGLEWOOD, FL 34223**

2VP
NAME **DINATALE, MERIDITH**
STREET ADDRESS **237 PARK FOREST BLVD**
CITY-ST-ZIP **SARASOTA, FL 34243**

1VP
NAME **BURGESS, SUSAN**
STREET ADDRESS **1305 BLUE HERON**
CITY-ST-ZIP **ENGLEWOOD, FL 34224**

ESEC
NAME **FOREMAN, MARGARET**
STREET ADDRESS **272 ROTONDA BLVD,N**
CITY-ST-ZIP **ROTONDA W, FL 33947**

FSEC
NAME **MCLEOD, MARY ELLEN**
STREET ADDRESS **8746 GASPARILLA PINES #80**
CITY-ST-ZIP **ENGLEWOOD, FL 34224**

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03/02/06 00023-015 61.25

**DO NOT WRITE
IN THIS SPACE**

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: DORIS J. PFEIFFER
Doris J. Pfeiffer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/06 941-475-1844
Date Daytime Phone #