

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90032 050 \*\*\*\*61.25

**DOCUMENT # N36791**

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



Principal Place of Business  
**CORNER COCONUT & MAPLE ST  
ENGLEWOOD, FL 34223 US**

Mailing Address  
**PO BOX 512  
ENGLEWOOD, FL 34295 US**

400000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01132008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-6154011**

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

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

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

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

P ☐ Delete  
NAME **BURGESS, SUSAN**  
STREET ADDRESS **1305 BLUE HERON**  
CITY-ST-ZIP **ENGLEWOOD, FL 34224**

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

1VP ☐ Delete  
NAME **MCLEOD, VIRGINIA**  
STREET ADDRESS **25 PERIMETER DR**  
CITY-ST-ZIP **ENGLEWOOD, FL 34223**

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

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

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition  
TITLE  
NAME **2VP HAYE MELQUIST**  
STREET ADDRESS **516 PINE HOLLOW CIRCLE**  
CITY-ST-ZIP **ENGLEWOOD, FLORIDA 34223**

☒ Change ☐ Addition  
TITLE  
NAME **1VP VIRGINIA FESSENDEU**  
STREET ADDRESS **6796 GASPARILLA PINES #49**  
CITY-ST-ZIP **ENGLEWOOD, FLORIDA 34224**

☒ Change ☐ Addition  
TITLE  
NAME **REC. SEC MARTHA WESTERKAMP**  
STREET ADDRESS **218 PINE HOLLOW DRIVE**  
CITY-ST-ZIP **ENGLEWOOD, FLORIDA 34223**

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**

**1/20/08**

**741-475-1844**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #