

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36791

FILED  
Mar 06, 2012  
Secretary of State

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

**Current Principal Place of Business:**

CORNER COCONUT & MAPLE ST  
ENGLEWOOD, FL 34223 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 512  
ENGLEWOOD, FL 34295 US

**New Mailing Address:**

FEI Number: 59-6154011

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: T  
Name: DUNN, KAREN A  
Address: 1135 YOSEMITE DRIVE  
City-St-Zip: ENGLEWOOD, FL 34224

Title: P  
Name: TRUMBLE, BARBARA  
Address: 6062 SPINNAKER BLVD.  
City-St-Zip: ENGLEWOOD, FL 34224

Title: 1VP  
Name: RAYMOND, NANCY  
Address: 662 LINDEN DRIVE  
City-St-Zip: ENGLEWOOD, FL 34223

Title: 2VP  
Name: LEONARD, EVELYN  
Address: 7514 ESCONDIDO ST.  
City-St-Zip: ENGLEWOOD, FL 34224

Title: ESEC  
Name: LINHART, CATHERINE  
Address: 1650 COLUMBIA DR.  
City-St-Zip: ENGLEWOOD, FL 34223

Title: FSEC  
Name: MCLEOD, MARY ELLN  
Address: 6796 GASPARILLA PINES #80  
City-St-Zip: ENGLEWOOD, FL 34224

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BARBARA TRUMBLE

PRES

03/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date