2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9400005684

1. Entity Name

LEMON BAY ESTATES ASSO	ATION, INC.			
Principal Place of Business	Mailing Address			
8456 MIDNIGHT PASS RD. SARASOTA FL 34242	8456 MIDNIGHT PASS RD. SARASOTA FL 34242			
2. Principal Place of Business	3. Mailing Address	<u></u>		

FILED Jun 19, 2001 8:00 am Secretary of State 06-19-2001 90006 040 ****61.25



2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address				DO NOT WRITE IN THIS SPACE						
		Suite, Apt. #, etc.	Suite, Apt. #, etc.									
City & State		City & State	City & State			4. FEI Number 65-0603052				pplied For lot Applicable		
Zip Country			Zip	Zip Country							Iditional	
	6 Name	and Address of Curren	t Registered Agent	L	r	7. N	ame and Addre	ess of New R			-	
 -		-	7		Name					<u>*</u>		
TOAKE, JAMES 22 S. TUTTLE AVE., STE 3 SARASOTA FL 34237					Street Address (P.O. Box Number is Not Acceptable)							
SARASUI	IA FL 34231	•			City		· · · · · · · · · · · · · · · · · · ·		FL	Zip Coo	e	
SIGNATURE		or printed name of registered age	for the purpose of changing its		· · · · · · · · · · · · · · · · · · ·	ure required when rei		ie state of Fio	DATE			
	FILE IS	NOW: \$61.25	9. Election Campaig Trust Fund Contrib	oution.	ing	\$5.00 May Added to Fee			Check Poartment		0	
10.		OFFICERS AND D	HRECTORS **	11.		ADDITI	ONS/CHANGE	S TO OFFICE	RS AND DIF	ECTORS I	N 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8456 MID	CAROLYN E NIGHT PASS RD. TA FL 34242	□ Delete					, - 1 , -		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, A 8456 MID		Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCDONA 2133 STP	LD, ELSIE M NATFORD DR	☐ Delete			•				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SANASUI	FA FL 34232	Delete							Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		40-31-00-40	☐ Delete	TITL NAM STRI	E					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6-18-4-18	☐ Delete	TITL NAM STRI	E					Change	☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: