


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

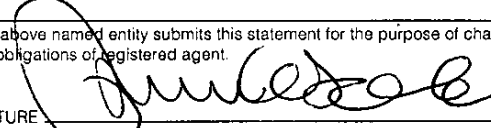
DOCUMENT # N94000005684 1. Entity Name LEMON BAY ESTATES ASSOCIATION, INC.	
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Principal Place of Business 8456 MIDNIGHT PASS RD. SARASOTA, FL 34242	Mailing Address 8456 MIDNIGHT PASS RD. SARASOTA, FL 34242
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent TOAKE, JAMES 22 S. TUTTLE AVE., STE 3 SARASOTA, FL 34237	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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: 11/4/05

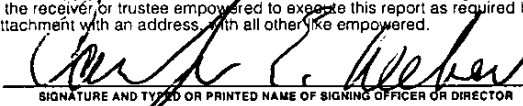
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$236.25
 After January 1, 2006, Fee will be \$297.50

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	PD <input type="checkbox"/> Delete WEBER, CAROLYN E 8456 MIDNIGHT PASS RD. SARASOTA, FL 34242	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700061629067 11/22/05--01066--007 **236.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete SMITH, A C 8456 MIDNIGHT PASS RD. SARASOTA, FL 34242	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input type="checkbox"/> Delete MCDONALD, ELSIE M 2133 STRATFORD DR. SARASOTA, FL 34232	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE: 10/19/2005 (941) 921-5355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
 05 NOV 15 AM 11:53
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
REINSTATEMENT
 T. Roberts NOV 16 2005

