

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # N94000005684

1. Entity Name
LEMON BAY ESTATES ASSOCIATION, INC.



Principal Place of Business
**4195 TAMiami TRAIL SOUTH
SUITE 164
VENICE, FL 34293**

Mailing Address
**4195 TAMiami TRAIL SOUTH
SUITE 164
VENICE, FL 34293**



04092007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
65-0603052

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CEMOVICH, ROBERT
2383 TAMiami TRAIL SOUTH
SUITE D
VENICE, FL 34293**

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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 _____

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000707297
04/24/07-80066-010 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTSD
GRASLAND, CLEMENT
4195 TAMiami TRAIL SOUTH, SUITE 164
VENICE, FL 34293**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
SIMON, JULES
4195 TAMiami TRAIL SOUTH, SUITE 164
VENICE, FL 34293**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HATTAIS, JOELLE
4195 TAMiami TRAIL SOUTH, SUITE 164
VENICE, FL 34293**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #