



**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jul 16, 2008 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
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DO NOT WRITE IN THIS SPACE



07092008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0603052	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CEMOVICH, ROBERT 1314 E VENICE AVE #D VENICE, FL 34285	DO NOT WRITE IN THIS SPACE
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B. 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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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07/16/08-80002-022 61.25

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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 #