

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

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

**FILED**  
**Jul 16, 2008 08:00 AM**  
**Secretary of State**



07092008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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  
1314 E VENICE AVE #D  
VENICE, FL 34285

**DO NOT WRITE  
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 September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**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

U000000955097  
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 #