

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N95000002165 (7)**

1. Corporation Name

**LEMON BAY CHORD INC.**



Principal Place of Business

Mailing Address

119 PINE HOLLOW DR  
ENGLEWOOD FL 34223

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ENGLEWOOD FL 34223

3. Date Incorporated or Qualified  
**05/05/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **1218 JEFFERSON DR**

26 **1218 JEFFERSON DR**

22 **ENGLEWOOD FL**

27 **ENGLEWOOD FL**

23 **34224**

28 **34224**

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number  
**65-0466469**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EDGAR, HUGH G  
119 PINE HOLLOW DR  
ENGLEWOOD FL 34223

81 Name  
**DONALD F RAPP**

82 Street Address (P.O. Box Number is Not Acceptable)

83 **1218 JEFFERSON DR**

84 City  
**ENGLEWOOD**

85 Zip Code  
**FL 34224**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **DONALD F RAPP**

Signature, typed or printed name of registered agent and title, if applicable

**Donald F Rapp**

(NOTE: Registered Agent signature required when resigning)

**8/12/96**

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	<b>PAFS</b>			<input checked="" type="checkbox"/>
	<b>PAUL MANKE</b>	<b>1847 ENGLEWOOD RD #307</b>	<b>ENGLEWOOD FL 34223</b>	<input type="checkbox"/>
	<b>TREASURER</b>			<input checked="" type="checkbox"/>
	<b>HUGH G. EDGAR</b>	<b>119 PINE HOLLOW DR.</b>	<b>ENGLEWOOD FL 34223</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
	<b>V.P.</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>JOHN A STURROCK</b>	<b>1501 BEACH ROAD #209</b>	<b>ENGLEWOOD FL 34223</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>TREASURER</b>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>DONALD F RAPP</b>	<b>1218 JEFFERSON DR</b>	<b>ENGLEWOOD FL 34224</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>VP</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>BLAIR WALKER</b>	<b>6142 PALICO ST</b>	<b>ENGLEWOOD FL 34224</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>SECRETARY</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>DONALD A WOODWORTH</b>	<b>2018 WILLOW LANE</b>	<b>ENGLEWOOD FL 34224</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>VP</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>EARL VINING</b>	<b>OCMHP #91</b>	<b>6767 SAN CARA</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<b>ENGLEWOOD FL 34224</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Donald F Rapp**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/96**

DATE

**941-475-8370**

DAYTIME PHONE #

**05 8/20/96**

CR2E037 (12/95)