

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 23 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000002165 (7)
1. Corporation Name
LEMON BAY CHORD INC.



Principal Place of Business 1218 JEFFERSON DR ENGLEWOOD FL 34224	Mailing Address 1218 JEFFERSON DR ENGLEWOOD FL 34224
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3. Date Incorporated or Qualified 05/05/1995	
4. FEI Number 65-0466469	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

9. Name and Address of Current Registered Agent

**RAPP, DONALD F
1218 JEFFERSON DR
ENGLEWOOD FL 34224**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STURROCK, JOHN A	1.2 NAME	
STREET ADDRESS	1501 BEACH ROAD #209	1.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAPP, DONALD F	2.2 NAME	
STREET ADDRESS	1218 JEFFERSON DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, BLAIR	3.2 NAME	
STREET ADDRESS	6142 PULCO ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	3.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DALEY, ROBERT	4.2 NAME	VPD
STREET ADDRESS	2780 19TH ST	4.3 STREET ADDRESS	WEINHEIMER, William
CITY-ST-ZIP	ENGLEWOOD FL	4.4 CITY-ST-ZIP	6270 CONISTON ST
TITLE	VP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINSEY, RICHARD	5.2 NAME	VPD
STREET ADDRESS	22375 EDGEWATER DR., #132	5.3 STREET ADDRESS	BROWN, JIM
CITY-ST-ZIP	PT. CHARLOTTE FL	5.4 CITY-ST-ZIP	1007 OCEOLA BLVD
TITLE	P <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAPPOLDT, ROBERT	6.2 NAME	PRESIDENT
STREET ADDRESS	7531 RATAN CIR	6.3 STREET ADDRESS	DILL, MAYNARD
CITY-ST-ZIP	PT CHARLOTTE FL	6.4 CITY-ST-ZIP	10121 EDMONTON AVE

4.3 STREET ADDRESS	PT. CHARLOTTE 33981
5.4 CITY-ST-ZIP	ENGLEWOOD FL 34223
6.3 STREET ADDRESS	ENGLEWOOD FL 34224

14. 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 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* DONALD F RAPP 4/17/98 941 475-8370

CR2E037 (10/97)