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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N95000002165

1. Corporation Name

LEMON BAY CHORD INC.

Principal Place of Business

Mailing Address

1218 JEFFERSON DR
 ENGLEWOOD FL 34224

1218 JEFFERSON DR
 ENGLEWOOD FL 34224



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

05/05/1995

22 City & State

27 City & State

4. FEI Number

Applied For

65-0466469

Not Applicable

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip

Country

29 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAPP, DONALD F
1218 JEFFERSON DR
ENGLEWOOD FL 34224

81 Name

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

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME **SD**
 STREET ADDRESS **STURROCK, JOHN A**
 CITY-ST-ZIP **1501 BEACH ROAD #209**
ENGLEWOOD FL

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE DELETE
 NAME **TD**
 STREET ADDRESS **RAPP, DONALD F**
 CITY-ST-ZIP **1218 JEFFERSON DR**
ENGLEWOOD FL

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME **VPD**
 STREET ADDRESS **WEINHEIMER, WILLIAM**
 CITY-ST-ZIP **6270 CONISTON ST**
PORT CHARLOTTE FL 33981

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME **VPM**
 STREET ADDRESS **BROWN, JIM**
 CITY-ST-ZIP **1007 OCEOLA BLVD**
ENGLEWOOD FL 34223

4.1 TITLE Change Addition
 4.2 NAME **BROWN, Jim**
 4.3 STREET ADDRESS **1007 OCEOLA BLVD**
 4.4 CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE DELETE
 NAME **P**
 STREET ADDRESS **MAYNARD, DILL**
 CITY-ST-ZIP **10121 EDMONTON AVE**
ENGLEWOOD FL 34224

5.1 TITLE Change Addition
 5.2 NAME **DILL, MAYNARD**
 5.3 STREET ADDRESS **10121 EDMONTON AVE**
 5.4 CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME **JOHN SLIGHT**
 6.3 STREET ADDRESS **5873 HARRISON ROAD**
 6.4 CITY-ST-ZIP **VENICE FL 34293**

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1/16/99

941-475-8370

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)