

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # S85174 (8)

1. Corporation Name
LEMON BAY GOLF CLUB, INC.

95 JAN 24 AM 9:47

Principal Place of Business Mailing Address
9600 EAGLE PRESERVE DRIVE 9600 EAGLE PRESERVE DRIVE
ENGLEWOOD FL 34224 ENGLEWOOD FL 34224

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
10/04/1991 02/21/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	25	36-3643444	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	<input type="checkbox"/>
Zip	Country	29	30
24	25	29	30

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

9. Name and Address of Current Registered Agent

ITTERSAGEN, SCOTT D.
1881 PLACIDA ROAD
SUITE 104
ENGLEWOOD FL 34223

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, DAVID P., III	1.2 NAME	S Claude, Cindy
STREET ADDRESS	9600 EAGLE PRESERVE DR.	1.3 STREET ADDRESS	9600 Eagle Preserve Dr
CITY-ST-ZIP	ENGLEWOOD FL	1.4 CITY-ST-ZIP	Englewood FL 34224
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HONEY, J. KIMPTON	2.2 NAME	Shepley, John
STREET ADDRESS	9600 EAGLE PRESERVE DR.	2.3 STREET ADDRESS	9600 Eagle Preserve Dr
CITY-ST-ZIP	ENGLEWOOD FL	2.4 CITY-ST-ZIP	Englewood FL 34224
TITLE	AS	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COALE, EDWARD H.	3.2 NAME	Schuler, Ray
STREET ADDRESS	9600 EAGLE PRESERVE DR.	3.3 STREET ADDRESS	9600 Eagle Preserve Dr
CITY-ST-ZIP	ENGLEWOOD FL	3.4 CITY-ST-ZIP	Englewood FL 34224
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LECLAIR, ALBERT	4.2 NAME	
STREET ADDRESS	9600 EAGLE PRESERVE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSELLUS, JOHN F.	5.2 NAME	
STREET ADDRESS	9600 EAGLE PRESERVE DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYMAN, RICHARD P., III	6.2 NAME	
STREET ADDRESS	9600 EAGLE PRESERVE DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	6.4 CITY-ST-ZIP	

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 110.07(3)(b), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Cindy Claude Cindy Claude 1-13-95 8136974190
Signature and Typed or Printed Name of Signing Officer or Director Date (Day/Mo/Yr)