## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT DE STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$85174

(8)

LEMON BAY GOLF CLUB, INC.

Principal Place of Business Mailing Address 9600 EAGLE PRESERVE DRIVE 9600 EAGLE PRESERVE DRIVE ENGLEWOOD FL 34224-9172 ENGLEWOOD FL 34224 3a. Date of Last Report 3. Date Incorporated or Qualified 10/04/1991 03/19/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 36-3643444 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Added to Fees Trust Fund Contribution Zip Zψ Country This corporation has liability for intangible tax under s. 199.032, Yes No 29 30 Florida Statutes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ITTERSAGEN, SCOTT D. 1861 PLACIDA ROAD 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 104 83 ENGLEWOOD FL 34223 84 City 85 Zip Code 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of register a agent and little if sophicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 11 TITLE TITLE Pierre, leve gloco Gogle Procure Dr WILLIAMS, DAVID P., III NAME 1.2 NAME 9600 EAGLE PRESERVE DR. 1.3 STREET ADDRESS STREET ADDRESS Engleward FL 34224 **ENGLEWOOD FL** 1.4 CiTY - ST - ZiP CITY - S1 - ZIP DELETE Addition Change 21 TITLE TITLE D HONEY, J. KIMPTON 2 2 NAME Williams Causierce gless Eagle Prince Dr NAME 9600 EAGLE PRESERVE DR. 2.3 STREET ADDRESS STREET ADDRESS **ENGLEWOOD FL** Englawood FL 34224 CITY - ST - ZIP 2. 4 C(TY - ST - Z(P DELETE Change Addition ΑŚ TITLE 3.1 T(TLE COALE, EDWARD H. Kaufman William 9600 Eagle Preserve Dr 3.2 NAME NAME 9600 EAGLE PRESERVE DR. STREET ADDRESS 3.3 STREET ADDRESS **ENGLEWOOD FL** CITY-ST-ZP 34. CITY-ST-ZIF DELETE Change Addition TITLE 4.1 TITLE LYMAN, RICHARD P., III 4. 2 NAME NAME athrop Anne 9600 EAGLE PRESERVE DR. 9600 Eagle Preceve Dr 4.3 STREET ADDRESS STREET ADDRESS ENGLEWOOD FL CITY - ST - ZIF 4.4 CITY-ST-ZIP Englewood DELETE Change Addition 5.1 THILE TITLE Claude, Cindy 9600 Eagle ProposeDr Addition NAME 5.2 NAME

CITY-ST-ZIP

Crycle Codd To 3 Y 2 7 6.4 CITY-ST-ZIP

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME

SIGNATURE:

STREET ADDRESS QUE Gagle Provider

STREET ADDRESS

CITY - ST- ZIP

TITLE

NAME

Englewood Fl 34224
Schuler Raymord T

Claude Secretary

FILED

Jan 15 1997 8:00am

Secretary of State

Change

Addition

(96/6)