

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

FILED

**Feb 03 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # S85174 (8)

1. Corporation Name
LEMON BAY GOLF CLUB, INC.



Principal Place of Business: **9800 EAGLE PRESERVE DRIVE ENGLEWOOD FL 34224**

Mailing Address: **9800 EAGLE PRESERVE DRIVE ENGLEWOOD FL 34224**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	10/04/1991	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	36-3643444	
24	Country	29	Country	Applied For	
		30		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
ITTERSAGEN, SCOTT D. 1861 PLACIDA ROAD SUITE 104 ENGLEWOOD FL 34223				8. Election Campaign Financing Trust Fund Contribution	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ITTERSAGEN, SCOTT D. 1861 PLACIDA ROAD SUITE 104 ENGLEWOOD FL 34223				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

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	PIERCE, JE-JE	1.2 NAME	
STREET ADDRESS	9800 EAGLE PRESERVE DR.	1.3 STREET ADDRESS	J Kimpton Honey
CITY-ST-ZIP	ENGLEWOOD FL	1.4 CITY-ST-ZIP	9800 Eagle Preserve Dr Englewood FL 34224
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, LAWRENCE	2.2 NAME	
STREET ADDRESS	9800 EAGLE PRESERVE DR.	2.3 STREET ADDRESS	Edward H Coale
CITY-ST-ZIP	ENGLEWOOD FL	2.4 CITY-ST-ZIP	9800 Eagle Preserve Englewood FL 34224
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAUFMAN, WILLIAM	3.2 NAME	
STREET ADDRESS	9800 EAGLE PRESERVE DR.	3.3 STREET ADDRESS	Schuler, Raymond T
CITY-ST-ZIP	ENGLEWOOD FL	3.4 CITY-ST-ZIP	9800 Eagle Preserve Dr Englewood FL 34224
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LATHROP, ANNE	4.2 NAME	
STREET ADDRESS	9800 EAGLE PRESERVE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAUDE, CINDY	5.2 NAME	
STREET ADDRESS	9800 EAGLE PRESERVE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	5.4 CITY-ST-ZIP	
TITLE	P	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULER, RAYMOND T	6.2 NAME	
STREET ADDRESS	9800 EAGLE PRESERVE DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	6.4 CITY-ST-ZIP	

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

SIGNATURE: _____

CR2E034 (10/97)