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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90015 038 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **S85174**

1. Corporation Name
LEMON BAY GOLF CLUB, INC.



Principal Place of Business
**9600 EAGLE PRESERVE DRIVE
 ENGLEWOOD FL 34224**

Mailing Address
**9600 EAGLE PRESERVE DRIVE
 ENGLEWOOD FL 34224**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
10/04/1991

4. FEI Number
36-3643444

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

9. Name and Address of Current Registered Agent

**ITTERSAGEN, SCOTT D.
 1861 PLACIDA ROAD
 SUITE 104
 ENGLEWOOD FL 34223**

10. Name and Address of New Registered Agent

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 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

TITLE	T	<input type="checkbox"/> DELETE
NAME	HONEY, J KIMPTON	
STREET ADDRESS	9600 EAGLE PRESERVE DR	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, LAWRENCE	
STREET ADDRESS	9600 EAGLE PRESERVE DR.	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	COALE, EDWARD H	
STREET ADDRESS	9600 EAGLE RESERVE DR	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LATHROP, ANNE	
STREET ADDRESS	9600 EAGLE PRESERVE DR.	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CLAUDE, CINDY	
STREET ADDRESS	9600 EAGLE PRESERVE DR	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHULER, RAYMOND T	
STREET ADDRESS	9600 EAGLE PRESERVE DR	
CITY-ST-ZIP	ENGLEWOOD FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	James Martin	
1.3 STREET ADDRESS	9600 Eagle Preserve Dr	
1.4 CITY-ST-ZIP	Englewood FL 34224	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Margaret Tyler	
2.3 STREET ADDRESS	9600 Eagle Preserve Dr	
2.4 CITY-ST-ZIP	Englewood FL 34224	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Bashie Meyer	
3.3 STREET ADDRESS	9600 Eagle Preserve Dr	
3.4 CITY-ST-ZIP	Englewood FL 34224	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	John Ames	
4.3 STREET ADDRESS	9600 Eagle Preserve Dr	
4.4 CITY-ST-ZIP	Englewood FL 34224	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	John Hillenbrand	
5.3 STREET ADDRESS	9600 Eagle Preserve Dr	
5.4 CITY-ST-ZIP	Englewood FL 34224	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Andrew Knapp	
6.3 STREET ADDRESS	9600 Eagle Preserve Dr	
6.4 CITY-ST-ZIP	Englewood FL 34224	
	John Ashworth	
	9600 Eagle Preserve Dr	
	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. 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, with all other like empowered.

SIGNATURE: Cindy Claude Secretary Cindy Claude 1/7/99 9416974190
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)