

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 09, 2004 8:00 am**  
**Secretary of State**

07-26-2004 90003 027 \*\*\*550.00

**DOCUMENT # S85174**

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE CR2E034 (11/03)

4. FEI Number **36-3643444**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
 After May 1, 2004 Fee will be \$550.00  
 Make Check Payable to Florida Department of State

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
T	HOWE, ROGER	9600 EAGLE PRESERVE DR	ENGLEWOOD FL 34224	<input checked="" type="checkbox"/>
Director	WILLIAMS, DAVID P	9600 EAGLE PRESERVE DR.	ENGLEWOOD FL 34224	<input type="checkbox"/>
Director	REYNOLDS, FREDERIC	9500 EAGLE RESERVE DR	ENGLEWOOD FL 34224	<input type="checkbox"/>
D Director	MILES, MICHAEL	9600 EAGLE PRESERVE DR	ENGLEWOOD FL 34224	<input checked="" type="checkbox"/>
Secretary	CLAUDE, CINDY	9600 EAGLE PRESERVE DR	ENGLEWOOD FL 34224	<input type="checkbox"/>
P	TYLER, BONNIE	9600 EAGLE PRESERVE DR	ENGLEWOOD FL 34224	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
Treasurer	Lawrence Blaw	9600 Eagle Preserve Dr	Englewood FL 34224	<input type="checkbox"/>	<input checked="" type="checkbox"/>
President	Joseph Anderson	9600 Eagle Preserve Dr	Englewood FL 34224	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lewis Hamilton Director		9600 Eagle Preserve Dr	Englewood FL 34224	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cindy Claude

3-104 Date 041624190 VL6 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #