

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S85174

FILED
Mar 24, 2009
Secretary of State

Entity Name: LEMON BAY GOLF CLUB, INC.

Current Principal Place of Business:

9600 EAGLE PRESERVE DRIVE
ENGLEWOOD, FL 34224

New Principal Place of Business:

Current Mailing Address:

9600 EAGLE PRESERVE DRIVE
ENGLEWOOD, FL 34224

New Mailing Address:

FEI Number: 36-3643444 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: JEFFS, THOMAS II
Address: 9600 EAGLE PRESERVE DR
City-St-Zip: ENGLEWOOD, FL 34224

Title: D () Delete
Name: BAER, ROLAND
Address: 9600 EAGLE PRESERVE DR.
City-St-Zip: ENGLEWOOD, FL 34224

Title: P () Delete
Name: HARMS, JOHN
Address: 9600 EAGLE RESERVE DR
City-St-Zip: ENGLEWOOD, FL 34224

Title: D () Delete
Name: STIRLING, BRUCE
Address: 9600 EAGLE PRESERVE DR
City-St-Zip: ENGLEWOOD, FL 34224

Title: S () Delete
Name: CLAUDE, CINDY
Address: 9600 EAGLE PRESERVE DR
City-St-Zip: ENGLEWOOD, FL 34224

Title: D () Delete
Name: CUDA, ELLIE
Address: 9600 EAGLE PRESERVE DR
City-St-Zip: ENGLEWOOD, FL 34224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: LAMBRECHT, ROBERT
Address: 9600 EAGLE PRESERVE DR
City-St-Zip: ENGLEWOOD, FL 34224

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: STIRLING, BRUCE
Address: 9600 EAGLE PRESERVE DR
City-St-Zip: ENGLEWOOD, FL 34224

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CINDY CLAUDE

S

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date