

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 704337

**Entity Name:** LEMON BAY GARDEN CLUB INC

**Current Principal Place of Business:**

480 YALE ST  
ENGLEWOOD, FL 34223

**Current Mailing Address:**

PO BOX 1176  
ENGLEWOOD, FL 34295 US

**FEI Number:** 59-6169744

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LACKMANN, CATHY  
1865 WHISPERING PINES CIR  
ENGLEWOOD, FL 34223 US

*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:** CATHY LACKMANN

01/08/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           LACKMANN, CATHY  
Address        1865 WHISPERING PINES CIR  
City-State-Zip: ENGLEWOOD FL 34223

Title           PRESIDENT  
Name           BURKE, SUSAN  
Address        225 NORTH DR.  
City-State-Zip: ENGLEWOOD FL 34223-3637

Title           1ST CO-VICE PRESIDENT  
Name           KISSANE, KAREN  
Address        23451 COPPERLEAF DRIVE  
City-State-Zip: VENICE FL 34293-7352

Title           RECORDING SECRETARY  
Name           SCHWEITZER, ELAINE  
Address        19 BUNKER ROAD  
City-State-Zip: ROTUNDA WEST FL 33947-2119

Title           CORRESPONDING SECRETARY  
Name           BRADLEY, MARYELLEN  
Address        1100 BAY VISTA BOULEVARD  
City-State-Zip: ENGLEWOOD FL 34223-2410

Title           1ST CO-VICE PRESIDENT  
Name           BAYLEY, SUZANNE  
Address        346 ARDENWOOD DRIVE  
City-State-Zip: ENGLEWOOD FL 34223-1976

Title           2ND VICE PRESIDENT  
Name           WILLHOIT, MARY  
Address        923 RAVENNA STREET  
City-State-Zip: VENICE FL 34285-3029

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CATHY LACKMANN

**TREASURER**

01/08/2024

Electronic Signature of Signing Officer/Director Detail

Date