

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723069

Entity Name: LEMON BAY BOATERS, INC.**Current Principal Place of Business:**1949 ENGLEWOOD ROAD
ENGLEWOOD, FL 34223**Current Mailing Address:**LEMON BAY BOATERS INC.
500 BOXWOOD LANE
ENGLEWOOD, FL 34223-1969 US**FEI Number:** 65-0049473**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MECKENBERG, GERALD
2388 SNOW DR
ENGLEWOOD, FL 34224 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D/TREASURER
Name HAHN, SANDRA L
Address 500 BOXWOOD LANE
City-State-Zip: ENGLEWOOD FL 34223

Title D/VICE PRESIDENT
Name HAHN, DANE F
Address 500 BOXWOOD LANE
City-State-Zip: ENGLEWOOD FL 34223

Title D/PRESIDENT
Name MECKENBERG, GERALD
Address 7388 SNOW DRIVE
City-State-Zip: ENGLEWOOD FL 34224

Title D/SECRETARY
Name ABBOTT, JUDY A
Address 6767 SAN CASA DRIVE LOT 98
City-State-Zip: ENGLEWOOD FL 34224

Title DIRECTOR
Name MARKWITZ, RICHARD E
Address 5857 MIAMI RD
City-State-Zip: VENICE FL 34293-6816

Title DIRECTOR
Name NIELSON, DAVID C
Address 15392 LAKELAND CIRCLE
City-State-Zip: PORT CHARLOTTE FL 33981

Title DIRECTOR
Name CAHOW, JOHN C
Address 7220 BRANDYWINE DRIVE
City-State-Zip: ENGLEWOOD FL 34224

Title DIRECTOR
Name LEADBETTER, GRAHAM
Address 284 ROTONDA BLVD. N.
City-State-Zip: ROTONDA WEST FL 33947

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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: SANDRA L HAHN**DR TREASURER****02/20/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SHAW, WILLIAM
Address	332 E. LANGSNER STREET
City-State-Zip:	ENGLEWOOD FL 34223