

**2017 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 DIRECTOR  
Name WILSON, ARTHUR  
Address 7234 MAMOUTH STREET  
City-State-Zip: ENGLEWOOD FL 34224

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

**Continues on page 2**

*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**TREASURER****01/11/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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