| Current Maning Address: | | | | |
|--|--|-----------------|-----------------------------------|------------|
| 16983 OHARA DRIVE PORT CHARLOTTE, FL 33948 US | | | | |
| FEI Number: 65-1079869 | | | Certificate of Status Desired: No | |
| Name and Address of Current Registered Agent: | | | | |
| KAVAN, MARILYN 16983 OHARA DRIVE PORT CHARLOTTE, FL 33948 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 | : MARILYN KAVAN | | | 01/05/2017 |
| | Electronic Signature of Registered Agent | | | Date |
| Officer/Director Detail : | | | | |
| Title | PRES | Title | TREA | |
| Name | WALKER, JANE | Name | KAVAN, MARILYN | |
| Address | 880 KNIGHTS LANE | Address | 16983 OHARA DRIVE | |
| City-State-Zip: | ENGLEWOOD FL 34223 | City-State-Zip: | PORT CHARLOTTE FL 33948 | |
| Title | PPRS | Title | SEC1 | |
| Name | KLETT, CELESTE | Name | GARDNER, JEANNE | |
| Address | 215 ASPEN | Address | 5215 YAHNER LANE | |
| City-State-Zip: | ENGLEWOOD FL 34223 | City-State-Zip: | PORT CHARLOTTE FL 33981 | |
| | | | | |

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: MARILYN KAVAN

TREASURER

01/05/2017

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0100008368

Entity Name: LEMON BAY CREW CLUB, INC.

Current Principal Place of Business:

16983 OHARA DRIVE PORT CHARLOTTE, FL 33948

Current Mailing Address:

F

FILED Jan 05, 2017 **Secretary of State** CC0338592789

Electronic Signature of Signing Officer/Director Detail

Date