

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N36791

**FILED**  
**Jan 02, 2015**  
**Secretary of State**  
**CC5573674708**

**Entity Name:** LEMON BAY WOMAN'S CLUB, INC.

**Current Principal Place of Business:**

CORNER COCONUT & MAPLE ST  
ENGLEWOOD, FL 34223

**Current Mailing Address:**

PO BOX 512  
ENGLEWOOD, FL 34295 US

**FEI Number:** 59-6154011

**Certificate of Status Desired:** No

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

DICKINSON, ROBERT A.  
460 S INDIANA AVE  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title T  
Name NIPSON, KAREN L  
Address 334 FALLING WATERS LANE  
City-State-Zip: ENGLEWOOD FL 34223

Title P  
Name LINHART, CATHERINE  
Address 1650 COLUMBIA DR.  
City-State-Zip: VENICE FL 34223

Title 1VP  
Name DAMGAARD, MARLENE  
Address 901 CAPLES ST.  
City-State-Zip: ENGLEWOOD FL 34223

Title 2VP  
Name SIMMONS, ELIZABETH  
Address 6 QUAILS RUN BLVD.  
City-State-Zip: ENGLEWOOD FL 34223

Title ESEC  
Name YOUNG, GAYLE  
Address 360 ALBATROSS  
City-State-Zip: ROTONDA WEST FL 33947

Title FSEC  
Name KRUEGAR, GINNY  
Address 3329 GOLDFINCH TERRACE  
City-State-Zip: ENGLEWOOD FL 34224

*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:** KAREN NIPSON

**TREASURER**

**01/02/2015**

Electronic Signature of Signing Officer/Director Detail

Date