

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S85174

Entity Name: LEMON BAY GOLF CLUB, INC.

Current Principal Place of Business:

9600 EAGLE PRESERVE DRIVE
ENGLEWOOD, FL 34224

Current Mailing Address:

9600 EAGLE PRESERVE DRIVE
ENGLEWOOD, FL 34224

FEI Number: 36-3643444

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CLAUDE, CINDY
9600 EAGLE PRESERVE DRIVE
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: CINDY CLAUDE

03/11/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name POWELL, PETER
Address 9600 EAGLE PRESERVE DR
City-State-Zip: ENGLEWOOD FL 34224

Title T, DIRECTOR
Name O'SHANE, TOM
Address 9600 EAGLE PRESERVE DR
City-State-Zip: ENGLEWOOD FL 34224

Title S, DIRECTOR
Name OGDEN, TOM
Address 9600 EAGLE PRESERVE DR
City-State-Zip: ENGLEWOOD FL 34224

Title VP, DIRECTOR
Name GRANT, JIM
Address 9600 EAGLE PRESERVE DRIVE
City-State-Zip: ENGLEWOOD FL 34224

Title DIRECTOR
Name LEHRIAN, NEDRA
Address 9600 EAGLE PRESERVE DRIVE
City-State-Zip: ENGLEWOOD FL 34224

Title DIRECTOR
Name DROBNYK, JIM
Address 9600 EAGLE PRESERVE DRIVE
City-State-Zip: ENGLEWOOD FL 34224

Title DIRECTOR
Name STANLEY, HARLAN
Address 9600 EAGLE PRESERVE DRIVE
City-State-Zip: ENGLEWOOD FL 34224

Title DIRECTOR
Name DUCKWORTH, BOB
Address 9600 EAGLE PRESERVE DRIVE
City-State-Zip: ENGLEWOOD FL 34224

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

SIGNATURE: TOM OGDEN

SECRETARY

03/11/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HAGGARTY, SUSAN
Address 9600 EAGLE PRESERVE DRIVE
City-State-Zip: ENGLEWOOD FL 34224

Title DIRECTOR
Name TAYLOR, MEG
Address 9600 EAGLE PRESERVE DRIVE
City-State-Zip: ENGLEWOOD FL 34224