

2019 FLORIDA PROFIT CORPORATION AMENDED 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

03/13/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name WITSCHONKE, ROSS
Address 9600 EAGLE PRESERVE DR
City-State-Zip: ENGLEWOOD FL 34224

Title T
Name DUCKWORTH, ROBERT
Address 9600 EAGLE PRESERVE DR
City-State-Zip: ENGLEWOOD FL 34224

Title S
Name CLAUDE, CINDY
Address 9600 EAGLE PRESERVE DR
City-State-Zip: ENGLEWOOD FL 34224

Title VP
Name POWELL, PETER
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 NANCY, GARRAGHAN
Address 9600 EAGLE PRESERVE DRIVE
City-State-Zip: ENGLEWOOD FL 34224

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

Title DIRECTOR
Name HOOKER, MARYANNE
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: CINDY CLAUDE LEMON BAY GOLF CLUB

SECRETARY

03/13/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name O'SHANE, THOMAS
Address 9600 EAGLE PRESERVE DRIVE
City-State-Zip: ENGLEWOOD FL 34224

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