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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # 725495 (6)

1. Corporation Name
LIME BAY CONDOMINIUM INC

Principal Place of Business Mailing Address

9190 LIME BAY BLVD. TAMARAC FL 33321-9605
9190 LIME BAY BLVD. TAMARAC FL 33321-9605

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip 25 Country 29 Zip 30 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/07/1973** 3a. Date of Last Report **01/19/1994**

4. FBI Number **59-1561496** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**SELECTIVE PROPERTY SERVICES
9190 LIME BAY BLVD.
TAMARAC FL 33321**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGIN, FANNY	12 NAME	
STREET ADDRESS	9090 LIME BAY BLVD.	13 STREET ADDRESS	
CITY - ST - ZIP	TAMARAC FL	14 CITY - ST - ZIP	
TITLE	D	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTTERMAN, LARRY	22 NAME	MULDORF, JOEL
STREET ADDRESS	9070 LIME BAY BLVD	23 STREET ADDRESS	9090 LIME BAY BLVD.
CITY - ST - ZIP	TAMARAC FL	24 CITY - ST - ZIP	TAMARAC, FL
TITLE	D	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUMENTHAL, ALBERT	32 NAME	BLUMENTHAL, ALBERT
STREET ADDRESS	9081 LIME BAY BLVD.	33 STREET ADDRESS	9081 LIME BAY BLVD.
CITY - ST - ZIP	TAMARAC FL	34 CITY - ST - ZIP	TAMARAC, FL
TITLE	SD	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHOPP, JULIUS	42 NAME	STONE, RAE
STREET ADDRESS	9070 LIME BAY BLVD	43 STREET ADDRESS	9090 LIME BAY BLVD.
CITY - ST - ZIP	TAMARAC FL	44 CITY - ST - ZIP	TAMARAC, FL
TITLE	PD	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVESTRI, ANTHONY	52 NAME	SILVESTRI, ANTHONY
STREET ADDRESS	9090 LIME BAY BLVD.	53 STREET ADDRESS	9090 LIME BAY BLVD.
CITY - ST - ZIP	TAMARAC FL	54 CITY - ST - ZIP	TAMARAC, FL
TITLE	VD	61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZOPPEL, PEARL	62 NAME	ZOPPEL, PEARL
STREET ADDRESS	9080 LIME BAY BLVD	63 STREET ADDRESS	9080 LIME BAY BLVD.
CITY - ST - ZIP	TAMARAC FL	64 CITY - ST - ZIP	TAMARAC, FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Albert Blumenthal **Albert Blumenthal** 4/27/95 905-722-8600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #