

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
Apr 15 1996 8:00 am  
Secretary of State

DOCUMENT # **725495** (6)  
1. Corporation Name  
**LIME BAY CONDOMINIUM INC**



Principal Place of Business: **9190 LIME BAY BLVD. TAMARAC FL 33321-8605**  
Mailing Address: **9190 LIME BAY BLVD. TAMARAC FL 33321-8605**

3. Date Incorporated or Qualified: **02/07/1973**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		<b>59-1561496</b>		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28					
Zip	Country	Zip	Country				
24		25					
29		30					

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

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

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AGIN, FANNY</b>	1.2 NAME	
STREET ADDRESS	<b>9090 LIME BAY BLVD.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMARAC FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MULFORD, JOEL</b>	2.2 NAME	<b>GARFINKLE, ESTHER</b>
STREET ADDRESS	<b>9090 LIME BAY BLVD</b>	2.3 STREET ADDRESS	<b>9080 LIME BAY BLVD.</b>
CITY-ST-ZIP	<b>TAMARAC FL</b>	2.4 CITY-ST-ZIP	<b>TAMARAC, FL. 33321</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLUMENTHAL, ALBERT</b>	3.2 NAME	
STREET ADDRESS	<b>9081 LIME BAY BLVD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMARAC FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STONE, RAE</b>	4.2 NAME	
STREET ADDRESS	<b>9090 LIME BAY BLVD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMARAC FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SILVESTRI, ANTHONY</b>	5.2 NAME	<b>HARRIS, HERB</b>
STREET ADDRESS	<b>9090 LIME BAY BLVD.</b>	5.3 STREET ADDRESS	<b>9070 LIME BAY BLVD.</b>
CITY-ST-ZIP	<b>TAMARAC FL</b>	5.4 CITY-ST-ZIP	<b>TAMARAC, FL 33321</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZOPPEL, PEARL</b>	6.2 NAME	<b>ZOPPEL, PEARL</b>
STREET ADDRESS	<b>9080 LIME BAY BLVD.</b>	6.3 STREET ADDRESS	<b>9080 LIME BAY BLVD.</b>
CITY-ST-ZIP	<b>TAMARAC FL</b>	6.4 CITY-ST-ZIP	<b>TAMARAC, FL 33321</b>

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *x Al Blumenthal - AL BLUMENTHAL, 4/10/96 (954) 722-2515*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)