


FILE NOW: FILING FEE IS \$61.25

FILED
Jan 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 02/07/1973	
4. FEI Number 59-1561496	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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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
 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	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGIN, FANNY	1.2 NAME	
STREET ADDRESS	9090 LIME BAY BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARFINKLE, ESTHER	2.2 NAME	
STREET ADDRESS	9080 LIME BAY BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUMENTHAL, ALBERT	3.2 NAME	
STREET ADDRESS	9081 LIME BAY BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, RAE	4.2 NAME	
STREET ADDRESS	9090 LIME BAY BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPALTEN BESSIE	5.2 NAME	D SILVESTRI, ANTHONY
STREET ADDRESS	9080 LIME BAY BLVD	5.3 STREET ADDRESS	9090 LIME BAY BLVD.
CITY-ST-ZIP	TAMARAC FL	5.4 CITY-ST-ZIP	TAMARAC, FL
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZOPPEL, PEARL	6.2 NAME	
STREET ADDRESS	9080 LIME BAY BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ SIGNATURE REQUIRED *Al Blumenthal*

CR2E037 (10/97)