

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90138 011 ****61.25

DOCUMENT # 725495

1. Entity 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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

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

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

6. Name and Address of Current Registered Agent
**SELECTIVE PROPERTY SERVICES
 9190 LIME BAY BLVD.
 TAMARAC FL 33321**

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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

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

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME D HARRIS, HERB STREET ADDRESS 9090 LIME BAY BLVD. CITY-ST-ZIP TAMARAC FL 33321	<input checked="" type="checkbox"/> Delete
TITLE NAME VP GARFINKLE, ESTHER STREET ADDRESS 9080 LIME BAY BLVD CITY-ST-ZIP TAMARAC FL	<input type="checkbox"/> Delete
TITLE NAME T BLUMENTHAL, ALBERT STREET ADDRESS 9090 LIME BAY BLVD. CITY-ST-ZIP TAMARAC FL	<input checked="" type="checkbox"/> Delete
TITLE NAME SD SPALTEN, BESSIE STREET ADDRESS 9080 LIME BAY BLVD. CITY-ST-ZIP TAMARAC FL	<input checked="" type="checkbox"/> Delete
TITLE NAME S. STONE, RAE STREET ADDRESS 9090 LIME BAY BLVD CITY-ST-ZIP TAMARAC FL 33321	<input checked="" type="checkbox"/> Delete
TITLE NAME P ZOPPEL, PEARL STREET ADDRESS 9080 LIME BAY BLVD. CITY-ST-ZIP TAMARAC FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME D WILHELM, SELMA STREET ADDRESS 9070 LIME BAY BLVD. CITY-ST-ZIP TAMARAC, FL 33321	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME TD AGIN FANNY STREET ADDRESS 9090 LIME BAY BLVD. CITY-ST-ZIP TAMARAC, FL 33321	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME PRES. BRECHER, HUGH STREET ADDRESS 9081 LIME BAY BLVD. CITY-ST-ZIP TAMARAC, FL 33321	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME VP KAYE, GERALD STREET ADDRESS 9080 LIME BAY BLVD. CITY-ST-ZIP TAMARAC, FL 33321	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE **3/16/01** **9587206133**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)