2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725495

Entity Name: LIME BAY CONDOMINIUM INC

FILED Apr 27, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
10034 W MCNAB ROAD TAMARAC, FL 33321						
Current Mailing Address:			New Maili	New Mailing Address:		
10034 W MCNAB ROAD TAMARAC, FL 33321						
FEI Number: 59-1561496 FEI Number Applied For () FEI Number			FEI Number Not App	mber Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
MILES, JAMES R CONSOLIDATED COMMUNITY MANAGEMENT 10034 W MCNAB ROAD TAMARAC, FL 33321 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:						
Electronic Signature of Registered Agent Date						
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () DALEY, BILL 10034 W MCNA TAMARAC, FL 3		Title: Name: Address: City-St-Zip:	PD (X) Change (KAYE, GERRY 10034 W MCNAB ROAD TAMARAC, FL 33321) Addition	
Title: Name: Address: City-St-Zip:	VPD () ABRAMSON, GA 10034 MCNAB F TAMARAC, FL 3	lD	Title: Name: Address: City-St-Zip:	()Change() Addition	
Title: Name: Address: City-St-Zip:	SD () GELOSI, DELOF 10034 W MCNA TAMARAC, FL 3	3 ROAD	Title: Name: Address: City-St-Zip:	SD (X) Change (MORROW, MARGE 10034 W MCNAB ROAD TAMARAC, FL 33321) Addition	
Title: Name: Address: City-St-Zip:	TD () CANERO, JOHN 10034 W MCNA TAMARAC, FL 3	3 ROAD	Title: Name: Address: City-St-Zip:	TD (X) Change (SMALL, KAREN 10034 W MCNAB ROAD TAMARAC, FL 33321) Addition	
Title: Name: Address: City-St-Zip:	D (X) KAYE, GERALD 10034 W MCNA TAMARAC, FL 3		Title: Name: Address: City-St-Zip:	()Change() Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: GERRY KAYE PD 04/27/2005

(X) Delete

ABRAMSON, GARY

10034 W MCNAB ROAD

TAMARAC, FL 33321

Name:

Address:

City-St-Zip:

() Change () Addition