

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725495

FILED
Apr 17, 2007
Secretary of State

Entity Name: LIME BAY CONDOMINIUM INC

Current Principal Place of Business:

9190 LIME BAY BOULEVARD
TAMARAC, FL 33321

New Principal Place of Business:

Current Mailing Address:

9190 LIME BAY BOULEVARD
TAMARAC, FL 33321

New Mailing Address:

FEI Number: 59-1561496

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATZMAN & KOOR, P.A.
1501 N.W. 49TH ST., STE 202
FT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: GELOSI, DOLORES
Address: 9190 LIME BAY BOULEVARD
City-St-Zip: TAMARAC, FL 33321

Title: VP (X) Delete
Name: MANZE, PATSY
Address: 9190 LIME BAY BOULEVARD
City-St-Zip: TAMARAC, FL 33321

Title: SAT () Delete
Name: DALEY, NANCY
Address: 9190 LIME BAY BOULEVARD
City-St-Zip: TAMARAC, FL 33321

Title: T () Delete
Name: PICARDI, PAULA
Address: 9190 LIME BAY BOUELVARD
City-St-Zip: TAMARAC, FL 33321

Title: DAL () Delete
Name: ALLEN, ELLEN
Address: 9190 LIME BAY BOUELVARD
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

SIGNATURE: PAULA PICARDI

T

04/17/2007

Electronic Signature of Signing Officer or Director

Date