


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90087 017 ****61.25

DOCUMENT # 725495				
1. Entity Name LIME BAY CONDOMINIUM INC				
Principal Place of Business 9190 LIME BAY BOULEVARD TAMARAC, FL 33321		Mailing Address 9190 LIME BAY BOULEVARD TAMARAC, FL 33321		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1561496
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicab
				\$8.75 Additional Fee Required

40002610



01032008 Chg-NP CR2E037 (12/06)

8. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KATZMAN & KOOR, P.A. 1501 N.W. 49TH ST., STE 202 FT LAUDERDALE, FL 33309				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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Additic
NAME	GELOSI, DOLORES			NAME	Gerald Kaye		
STREET ADDRESS	9190 LIME BAY BOULEVARD			STREET ADDRESS	9190 Lime Bay Blvd.		
CITY-ST-ZIP	TAMARAC, FL 33321			CITY-ST-ZIP	Tamarac FL 33321		
TITLE	SAT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Additic
NAME	DALEY, NANCY			NAME			
STREET ADDRESS	9190 LIME BAY BOULEVARD			STREET ADDRESS			
CITY-ST-ZIP	TAMARAC, FL 33321			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Additic
NAME	PICARDI, PAULA			NAME			
STREET ADDRESS	9190 LIME BAY BOU ELVARD			STREET ADDRESS			
CITY-ST-ZIP	TAMARAC, FL 33321			CITY-ST-ZIP			
TITLE	DAL	<input checked="" type="checkbox"/> Delete		TITLE	DAL	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Additic
NAME	ALLEN, ELLEN			NAME	Jean Feuillet		
STREET ADDRESS	9190 LIME BAY BOU ELVARD			STREET ADDRESS	9190 Lime Bay Blvd		
CITY-ST-ZIP	TAMARAC, FL 33321			CITY-ST-ZIP	Tamarac FL 33321		
TITLE		<input type="checkbox"/> Delete		TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Additic
NAME				NAME	Clayton Buets		
STREET ADDRESS				STREET ADDRESS	9190 Lime Bay Blvd		
CITY-ST-ZIP				CITY-ST-ZIP	Tamarac, FL 33321		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Additic
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 *Paula Picardi*