2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#729389

FILED May 19, 2008 Secretary of State

Entity Name: LIME BAY CONDOMINIUM, INC. NO. 2

Current Principal Place of Business: New Principal Place of Business:

9190 LIME BAY BLVD TAMARAC, FL 33321

Current Mailing Address: New Mailing Address:

9190 LIME BAY BLVD TAMARAC, FL 33321

FEI Number: 59-1606110 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GLAZER AND ASSOC., P.A KATZMAN GARFINKEL 1920 E. HALLANDALE BEACH BLVD. 1501 NW 49TH ST.

HALLANDALE, FL 33009 FT. LAUDERDALE, FL 33009 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: LEIGH C KATZMAN 05/19/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition () Delete WILLIAMS, CHARLOTTE E Name: Name:

9190 LIME BAY BLVD Address: Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip:

Title: () Delete Title: (X) Change () Addition HORN, ZENITH Name: Name: SWAN, CARLILNGTON

Address: 9190 LIME BAY BLVD Address: 9190 LIME BAY BLVD City-St-Zip: TAMARAC, FL 33321 City-St-Zip: TAMARAC, FL 33321

Title: () Delete Title: SD (X) Change () Addition

ARIONDO, RUTH DAVIS, CAROL A Name: Name: 9190 LIME BAY BLVD 9190 LIME BAY BLVD Address: Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: TAMARAC, FL 33321

() Delete Title: TD Title: () Change () Addition

Name: DAVIS, CAROL Name: 9190 LIME BAY BLVD Address: Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip:

Title: () Delete Title: DIR (X) Change () Addition

GORMAN, ABE MR. GORMAN, ABE Name: Name: 9190 LIME BAY BLVD. 9190 LIME BAY BLVD. Address: Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: TAMARAC, FL 33321

I hereby certify that the information supplied with this filing does not qualify 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: CAROL A. DAVIS S/T 05/19/2008