

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 729391 (3)

1. Corporation Name

LIME BAY CONDOMINIUM, INC. NO. 4

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

9190 LIME BAY BLVD.
TAMARAC FL 33321

9190 LIME BAY BLVD.
TAMARAC FL 33321

3. Date Incorporated or Qualified 04/18/1974	3a. Date of Last Report 01/19/1994
4. FEI Number 59-1606114	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SELECTIVE PROPERTY SERVICES
9190 LIME BAY BLVD.
TAMARAC FL 33321**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
V	FRANK, LILLIAN	9400 LIME BAY BLVD	TAMARAC FL	TD	FRANK, LILLIAN	9400 LIME BAY BLVD.	TAMARAC, FL					SD	KRAMER, PEGGY	9300 LIME BAY BLVD.	TAMARAC, FL	D	TOMASZEWSKI, PETE	9360 LIME BAY BLVD.	TAMARAC, FL	D	ZAGER, MARION	9300 LIME BAY BLVD.	TAMARAC, FL	VD	POLOWITZ, DAVID	8401 LIME BAY BLVD.	TAMARAC, FL
PD	SILVERMAN, BEATRICE J.	9401 LIME BAY BLVD	TAMARAC FL																								
DV	KRAMER, PEGGY	9300 LIME BAY BLVD.	TAMARAC FL																								
TD	ADELSON, BERNIE	9330 LIME BAY BLVD	TAMARAC FL																								
D	KRISS, RITA	9330 LIME BAY BLVD	TAMARAC FL																								
SD	POLOWITZ, DAVID	8401 LIME BAY BLVD	TAMARAC FL																								

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(h), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Beatrice J. Silverman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Beatrice J. Silverman

Date

4-27-95 305-722-8600
Type in Here