

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State

1996 4-12-96 B- 3511 DIVISION OF CORPORATIONS C

DOCUMENT # 729391 (3)

1. Corporation Name

LIME BAY CONDOMINIUM, INC. NO. 4

Principal Place of Business

9190 LIME BAY BLVD.  
TAMARAC FL 33321

Mailing Address

9190 LIME BAY BLVD.  
TAMARAC FL 33321



2. Principal Place of Business		2a. Mailing Address	
21	22	26	27
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
23 City & State		28 City & State	
24 Zip	25 Country	29 Zip	30 Country

3. Date Incorporated or Qualified	3a. Date of Last Report
04/18/1974	05/01/1995
4. FEI Number	Applied For
59-1606114	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SELECTIVE PROPERTY SERVICES  
9190 LIME BAY BLVD.  
TAMARAC FL 33321

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and how it applies (NONE - Registered Agent signature required when filing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK, LILLIAN	12 NAME	
STREET ADDRESS	9400 LIME BAY BLVD	13 STREET ADDRESS	
CITY - ST - ZIP	TAMARAC FL	14 CITY - ST - ZIP	
TITLE	PD	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERMAN, BEATRICE J.	22 NAME	D SILVERMAN, BEATRICE J.
STREET ADDRESS	9401 LIME BAY BLVD	23 STREET ADDRESS	9401 LIME BAY BLVD.
CITY - ST - ZIP	TAMARAC FL	24 CITY - ST - ZIP	TAMARAC, FL 33321
TITLE	SD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAMER, PEGGY	32 NAME	
STREET ADDRESS	9300 LIME BAY BLVD.	33 STREET ADDRESS	
CITY - ST - ZIP	TAMARAC FL	34 CITY - ST - ZIP	
TITLE	D	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMASZEWSKI, PETE	42 NAME	PD SELIG, JOSEPH
STREET ADDRESS	9360 LIME GAY BLVD	43 STREET ADDRESS	9330 LIME BAY BLVD.
CITY - ST - ZIP	TAMARAC FL	44 CITY - ST - ZIP	TAMARAC, FL 3321
TITLE	D	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAGER, MARION	52 NAME	VPD ZAGER, MARION
STREET ADDRESS	9300 LIME BAY BLVD	53 STREET ADDRESS	9330 LIME BAY BLVD.
CITY - ST - ZIP	TAMARAC FL	54 CITY - ST - ZIP	TAMARAC, FL 33321
TITLE	VD	61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLOWITZ, DAVID	62 NAME	D BEDOR, DAVID
STREET ADDRESS	8401 LIME BAY BLVD	63 STREET ADDRESS	9330 LIME BAY BLVD.
CITY - ST - ZIP	TAMARAC FL	64 CITY - ST - ZIP	TAMARAC, FL 33321

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 119.07(3)(k), 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: *Joseph Selig*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96 726-6527  
DATE DAYTIME PHONE #

CR2E037 (12/95)