FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

]	1998			DIVISION OF CORPORATIONS				Secretary of State			
DOCU 1. Corporation	MENT on Name	# 72939	1	(3)					J		
LIME BAY CONDOMINIUM, INC. NO. 4											
Principal Plac	e of Busines	SS	Mailing Ad	Idress	·			- -	ilal gisii gisii bisii bibii 7	1811 BJ.BH 1861	
9190 LIME BAY BLVD. 9190 LIME BA								Date Incorporated or Qualified		 -	
TAMARAC FL 3	33321		TAMARAC I	FL 33321				04/18/1974			
								4. FEI Number 59-1606114		oplied For ot Applicable	
2. Principal P	lace of Busi	ness	2a. Mailing	2a. Mailing Address						Additional	
21	H -4-		26					5. Certificate of Status Desired	Fee Re	equired	
Suite, Apt.	#, eic		27 Suite, /	Suite, Apt. #, etc.				Election Campaign Financing Trust Fund Contribution	\$5.00 Added to		
City & Stat	е		City &	City & State				7. Is this nonprofit corporation a ho	meowners associatio		
Zip		Country	28 Zip		Cou	ntrv			Yes No	in a gibla	
24		25	29		30	,	į	 This corporation owes or has pa Personal Property Tax due June 		angibie ☐ No	
	9. Name	and Address of Curren	t Registered A	gent		ad N		10. Name and Address of New Re	gistered Agent		
OF FATHE PROPERTY OFFILIANS						81 Name					
SELECTIVE PROPERTY SERVICES 9190 LIME BAY BLVD.						82 Street	Addres	ss (P.O. Box Number is Not Acceptab	ole)		
TAMARAC FL 33321						83					
						84 City			85 Zip	Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the							d corpo	ration submits this statement for the p	FL ourpose of changing it	ts registered	
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				_							
12.						Agent signatur	e required	when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTOR	S IN 12	
TITLE	TD			DELETE	1.1 T(T	LE			Change	Addition	
NAME	FRANK,				1.2 NA	ME				}	
STREET ADDRESS	7444550					REET ADDRESS					
CITY-ST-ZIP	TAMARA D	IU FL		DELETE	1,4 CIT 2,1 TIT	Y-ST-ZIP	-		Change	☐ Addition	
NAME	_	MAN, BEATRICE J.			2.1 M				change	L_ Addition	
STREET ADDRESS		NE BAY BLVD				REET ADDRESS					
CITY-ST-ZIP	TAMARA	C FL			2. 4 Cl	Y-ST-ZIP			/		
TITLE	SD			DELETE	3.1 πτ		SD		Change	Addition	
NAME		R, PEGGY	ι,		3.2 NAI		EDE	ELSTEIN, ANNE	•		
STREET ADDRESS	TAMARA	ME BAY BLVD.				IEET ADDRESS TY-ST-ZIP		00 LIME BAY BLVD.		}	
CITY-ST-ZIP TITLE	PD	O I L		DELETE	4.1 TIT		TAN	IARAC, FL	☐ Change	Addition	
NAME	SELIG, J	IOSEPH			4. 2 NA				_ •	_]	
STREET ADDRESS		ME BAY BLVD			4.3 STF	IEET ADDRESS	1			ĺ	
CITY-ST-ZIP	TAMARA	C FL				Y-ST-ZIP	<u> </u>		4287 8 2		
TITLE	VPD	MADION	•	DELETE	5.1 TIT!		ļ		Change	Addition	
NAME		MARION IE DAY DIVO			5,2 NA					İ	
STREET ADORESS CITY-ST-ZIP	TAMARA	Me Bay Blvd Cei				EET ADDRESS Y-ST-ZIP	[
TITLE	D	<u> </u>		DELETE	6.1 TITE		├	<u> </u>	Change	Addition	
NAME	BEDOR,				6,2 NAM]	
STREET ADDRESS	9330 Lin	ie bay blvd			6,3 STR	EET ADDRESS					

TAMARAC FL 6.4 CITY - ST - ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

FILED

Jan 15 1998 8:00am