

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

0047783

03-26-2001 90078 043 \*\*\*\*61.25

**DOCUMENT # 729391**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1606114**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

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

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

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	<b>RUSSO, RUSSELL</b>	
STREET ADDRESS	<b>9330 LIME BAY BLVD</b>	
CITY-ST-ZIP	<b>TAMARAC FL 33321</b>	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	<b>SILVERMAN, BEATRICE J.</b>	
STREET ADDRESS	<b>9401 LINE BAY BLVD</b>	
CITY-ST-ZIP	<b>TAMARAC FL</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>POSTOL, BERNARD</b>	
STREET ADDRESS	<b>9401 LIME BAY BLVD</b>	
CITY-ST-ZIP	<b>TAMARAC FL 33321</b>	
TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>SELIG, JOSEPH</b>	
STREET ADDRESS	<b>9330 LIME BAY BLVD</b>	
CITY-ST-ZIP	<b>TAMARAC FL</b>	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	<b>ZAGER, MARION</b>	
STREET ADDRESS	<b>9330 LIME BAY BLVD</b>	
CITY-ST-ZIP	<b>TAMARAC FL</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>BEDOR, DAVID</b>	
STREET ADDRESS	<b>9330 LIME BAY BLVD</b>	
CITY-ST-ZIP	<b>TAMARAC FL</b>	

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PUGLIESE, JOE</b>	
STREET ADDRESS	<b>9360 LIME BAY BLVD.</b>	
CITY-ST-ZIP	<b>TAMARAC, FL 33321</b>	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POLOWITZ, DAVID</b>	
STREET ADDRESS	<b>9401 LIME BAY BLVD.</b>	
CITY-ST-ZIP	<b>TAMARAC, FL 33321</b>	

12. 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 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: SIGNATURE REQUIRED *L. Selig* **3/21/01** **954-722-5090**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)