


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 729391
 1. Entity Name
 LIME BAY CONDOMINIUM, INC. NO. 4



FILED
 2006 DEC 15 AM 11:14
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
 10034 W MCNAB RD
 TAMARAC, FL 33321

Mailing Address
 10034 W MCNAB RD
 TAMARAC, FL 33321



2. Principal Place of Business
 9190 Lime Bay Blvd.

3. Mailing Address
 Same as Item #2

11222006 REIN-NP CR2E099 (11/05)

City & State Tamarac, FL

City & State

Zip 33321 Country Broward

Zip Country

4. FEI Number
 59-1606114

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MILES, JAMES
 10034 W MCNAB RD
 TAMARAC, FL 33321

7. Name and Address of New Registered Agent

Name David Brough, Esquire

Street Address (P.O. Box Number is Not Acceptable)
 Brough, Chadrow & Levine, P.A.
 1900 North Commerce Parkway

City Weston, FL **FL** Zip Code 33326

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *D J Brough* 12/12/06
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$236.25
 After January 1, 2007, Fee will be \$297.50

Make check payable to
 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KATZ, MARTY 10034 W MCNAB RD TAMARAC, FL 33321	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RUSSO, RUSS 10034 W MCNAB ROAD TAMARAC, FL 33321	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SILVERMAN, BJ 10034 W MCNAB RD TAMARAC, FL 33321	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD POSTAL, BERNIE 10034 W MCNAB RD TAMARAC, FL 33321	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEINSCHMIDT, HOWARD 10034 W MCNAB RD TAMARAC, FL 33321	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Gordon Thwaites 9190 Lime Bay Blvd. Tamarac, FL 33321	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Raul Caro 9190 Lime Bay Blvd. Tamarac, FL 33321	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Marvin Berger 9190 Lime Bay Blvd. Tamarac, FL 33321	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Annette Bedor 9190 Lime Bay Blvd. Tamarac, FL 33321	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D B.J. Silverman 9190 Lime Bay Blvd. Tamarac, FL 33321	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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]* 12/08/06 954-722-590
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #