


FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 16 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 734566 (3)
1. Corporation Name
LIME BAY COMMUNITY ASSOCIATION, INC.



Principal Place of Business: **9190 LIME BAY BLVD TAMARAC FL 33321**
Mailing Address: **9190 LIME BAY BLVD TAMARAC FL 33321**

3. Date Incorporated or Qualified: **12/05/1975**
4. FEI Number: **59-1651348**
Applied For: 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**
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERSTRI, ANTHONY	1.2 NAME	SILVESTRI, ANTHONY
STREET ADDRESS	9090 LIME BAY BLVD	1.3 STREET ADDRESS	9090 LIME BAY BLVD.
CITY-ST-ZIP	TAMARAC FL	1.4 CITY-ST-ZIP	TAMARAC, FL.
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POSHKOSH LINDA	2.2 NAME	ROBERTS, JACQUELINE
STREET ADDRESS	9101 LIME BAY BLVD	2.3 STREET ADDRESS	9301 LIME BAY BLVD.
CITY-ST-ZIP	TAMARAC FL	2.4 CITY-ST-ZIP	TAMARAC, FL.
TITLE	VPD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERMAN, BEATRICE J	3.2 NAME	MORGENSTEIN, EVELYN
STREET ADDRESS	9401 LIME BAY BLVD	3.3 STREET ADDRESS	9100 LIME BAY BLVD.
CITY-ST-ZIP	TAMARAC FL	3.4 CITY-ST-ZIP	TAMARAC, FL.
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONDER, HELEN	4.2 NAME	
STREET ADDRESS	9100 LIME BAY BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	4.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUMENTHAL ALBERT	5.2 NAME	
STREET ADDRESS	9081 LIME BAY BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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: *Evelyn Morgenstein* 1-16-98 910-712-5790

CR2E037 (10/97)