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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 734566

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/05/1975

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1651348

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

24 Zip

Country

28 Zip

Country

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SELECTIVE PROPERTY SERVICES
9190 LIME BAY BLVD.
TAMARAC FL 33321

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
 NAME SILVERSTRI, ANTHONY
 STREET ADDRESS 9090 LIME BAY BLVD
 CITY-ST-ZIP TAMARAC FL

1.1 TITLE VPD Change Addition
 1.2 NAME EISENBERG, MELVIN
 1.3 STREET ADDRESS 9301 LIME BAY BLVD.
 1.4 CITY-ST-ZIP TAMARAC, FL

TITLE VPD DELETE
 NAME SILVESTRI, ANTHONY
 STREET ADDRESS 9090 LIME BAY BLVD.
 CITY-ST-ZIP TAMARAC FL

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE PD DELETE
 NAME MORGENSTEIN, EVELYN
 STREET ADDRESS 9100 LIME BAY BLVD.
 CITY-ST-ZIP TAMARAC FL

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE TD DELETE
 NAME LONDER, HELEN
 STREET ADDRESS 9100 LIME BAY BLVD
 CITY-ST-ZIP TAMARAC FL

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE VPD DELETE
 NAME BLUMENTHAL ALBERT
 STREET ADDRESS 9081 LIME BAY BLVD
 CITY-ST-ZIP TAMARAC FL

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE SD DELETE
 NAME ROBERTS, JACQUELINE
 STREET ADDRESS 9301 LIME BAY BLVD.
 CITY-ST-ZIP TAMARAC FL

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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, with all other like empowered.

SIGNATURE:

Evelyn Morgenstein
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres. 2/15/99 954-722-8287
 Date Daytime Phone #

CR2E037 (1/198)