

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N95000001293 (8)**

1. Corporation Name

**LEMON BAY VIEW EAST CONDOMINIUM ASSOCIATION, INC**



Principal Place of Business

Mailing Address

**53 BAY HEIGHTS  
ENGLEWOOD FL 34223**

**53 BAY HEIGHTS  
ENGLEWOOD FL 34223**

3. Date Incorporated or Qualified  
**03/17/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**65-0622194**

Applied For

Not Applicable

22

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

23

6. Election Campaign Financing  
Trust Fund Contribution

☐

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

24

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GUNDERSON, MIKO P  
1861 PLACIDA ROAD  
SUITE 104  
ENGLEWOOD FL 34223**

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

TITLE **SP** ☐ DELETE

NAME **WERNER, JOHN F JR.**  
STREET ADDRESS **53 BAY HEIGHTS RD., #307**  
CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE **DT** ☒ DELETE

NAME **RUSSELL, ROY**  
STREET ADDRESS **53 BAY HEIGHTS RD., #205**  
CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE **DV** ☒ DELETE

NAME **MARFIZO, TONY**  
STREET ADDRESS **3319 STANFIELD DR.**  
CITY-ST-ZIP **PARMA OH 44134**

TITLE **DS** ☒ DELETE

NAME **CASTORO, DELORES**  
STREET ADDRESS **53 BAY HEIGHTS RD., #406**  
CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE **D** ☐ DELETE

NAME **BOEHNLEIN, JERRY**  
STREET ADDRESS **10061 BROOKSIDE CIRCLE**  
CITY-ST-ZIP **N. ROYALTON OH 44133**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **DP** ☒ Change ☐ Addition

12 NAME **John F. WERNER Jr**  
13 STREET ADDRESS **53 Bay Heights Rd #307**  
14 CITY-ST-ZIP **Englewood, FL 34223**

21 TITLE **DT** ☐ Change ☒ Addition

22 NAME **Treasurer**  
23 STREET ADDRESS **William Marfizo**  
24 CITY-ST-ZIP **1281 Larchmont Ave**  
**Englewood, FL 34223**

31 TITLE ☐ Change ☐ Addition

32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE **DS** ☐ Change ☒ Addition

42 NAME **Secretary**  
43 STREET ADDRESS **Barbara Houser**  
44 CITY-ST-ZIP **4646 Fallsburg Rd.**  
**Newark, Ohio 43055**

51 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME **500001869155**  
63 STREET ADDRESS **-06/20/96--01029--007**  
64 CITY-ST-ZIP **\*\*\*61.25**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**John F. WERNER Jr**

Date

Daytime Phone #

**4-18-96**

**941 4746220**

CR2E037 (12/95)