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Mar 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 34223-4260

3. Date Incorporated or Qualified
03/17/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
65-0622194

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

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 ERA ADVANTAGE

82 Street Address (P.O. Box Number is Not Acceptable)
779 TAMiami TRAIL

83

84 City PORT CHARLOTTE FL 85 Zip Code 33953

11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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 regulations 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

2/11/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D/P DELETE
NAME WERNER, JOHN F JR.
STREET ADDRESS 53 BAY HEIGHTS RD., #307
CITY-ST-ZIP ENGLEWOOD FL 34223

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D/T DELETE
NAME MARFIZO, WILLIAM
STREET ADDRESS 1281 LARCHMONT AVE.
CITY-ST-ZIP ENGLEWOOD FL 34223

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

TITLE D/S DELETE
NAME HOUSER, BARBARA
STREET ADDRESS 4646 FALLSBURG RD.
CITY-ST-ZIP NEWARK OH 43055

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

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

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/97 474-6220
Date Daytime Phone # 0082363

CR2E037 (9/96)