


FILE NOW: FILING FEE IS \$61.25

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**Jul 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
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DOCUMENT # N95000001293 (8)
 1. Corporation Name
LEMON BAY VIEW EAST CONDOMINIUM ASSOCIATION, INC



Principal Place of Business 53 BAY HEIGHTS ENGLEWOOD FL 34223	Mailing Address 53 BAY HEIGHTS ENGLEWOOD FL 34223
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3. Date Incorporated or Qualified 03/17/1995		
4. FEI Number 65-0622194	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

8. Name and Address of Current Registered Agent

**ERA ADVANTAGE
779 TAMiami TRAIL
SUITE 104
PORT CHARLOTTE FL 33953**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 reappointing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D/P <input checked="" type="checkbox"/> DELETE
NAME	WERNER, JOHN F JR.
STREET ADDRESS	53 BAY HEIGHTS RD., #307
CITY-ST-ZIP	ENGLEWOOD FL 34223
TITLE	D/T <input type="checkbox"/> DELETE
NAME	MARFIZO, WILLIAM
STREET ADDRESS	1281 LARCHMONT AVE.
CITY-ST-ZIP	ENGLEWOOD FL 34223
TITLE	D/S <input type="checkbox"/> DELETE
NAME	HOUSER, BARBARA
STREET ADDRESS	4646 FALLSBURG RD.
CITY-ST-ZIP	NEWARK OH 43055
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	UZABEL, JOSEPH
1.3 STREET ADDRESS	53 Bay Heights Rd. #404
1.4 CITY-ST-ZIP	Englewood, FL 34223
2.1 TITLE	D/VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MERRILL, BRUCE
2.3 STREET ADDRESS	18 Brown Rd.
2.4 CITY-ST-ZIP	Northwood, NH 03261
3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	UZABEL, REBECCA
3.3 STREET ADDRESS	53 Bay Heights Rd. #404
3.4 CITY-ST-ZIP	Englewood, FL 34223
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GREEN, CAROLYN
4.3 STREET ADDRESS	3449 Talliwood,
4.4 CITY-ST-ZIP	Sarasota, FL 34237
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE _____

CR2E037 (10/97)