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**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90185 034 \*\*\*\*61.25

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # N95000001293**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

03/17/1995

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

9. 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

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 DP  DELETE  
 NAME UZABEL, JOSEPH  
 STREET ADDRESS 53 BAY HEIGHTS RD, #404  
 CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE DVP  DELETE  
 NAME MERRILL, BRUCE  
 STREET ADDRESS 18 BROWN ROAD  
 CITY-ST-ZIP NORTHWOOD NH 03261

TITLE T  DELETE  
 NAME UZABEL, REBECCA  
 STREET ADDRESS 53 BAY HEIGHTS RD, #404  
 CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE D  DELETE  
 NAME GREEN, CAROLYN  
 STREET ADDRESS 3449 TALLYWOOD  
 CITY-ST-ZIP SARASOTA FL 34237

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P  Change  Addition  
 1.2 NAME GREEN, CAROLYN  
 1.3 STREET ADDRESS 3449 TALLYWOOD  
 1.4 CITY-ST-ZIP SARASOTA, FL 34237

2.1 TITLE T  Change  Addition  
 2.2 NAME SPEARS, ROBID  
 2.3 STREET ADDRESS 53 BAY HEIGHTS #303  
 2.4 CITY-ST-ZIP ENGLEWOOD, FL 34223

3.1 TITLE S  Change  Addition  
 3.2 NAME HOUSER, BARBARA  
 3.3 STREET ADDRESS 183 LARCHWOOD DR.  
 3.4 CITY-ST-ZIP ENGLEWOOD, FL 34223

4.1 TITLE D  Change  Addition  
 4.2 NAME WILLOWORTH, ANTHONY  
 4.3 STREET ADDRESS 53 BAY HEIGHTS #306  
 4.4 CITY-ST-ZIP ENGLEWOOD, FL 34223

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

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:

*SIGNATURE REQUIRED*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99

Date

Daytime Phone #

CR2E037 (11/98)