

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90024 047 \*\*\*\*61.25

**DOCUMENT # N95000001293**

1. Entity Name

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

**417754**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>53 BAY HEIGHTS ENGLEWOOD FL 34223</b>	Mailing Address <b>4195 S TAMAMI TRAIL PMB #175 VENICE FL 34293-5112 US</b>
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2. Principal Place of Business <b>53 Bay Heights Rd.</b> Suite, Apt. #, etc.	3. Mailing Address <b>c/o Antares Group, Inc.</b> Suite, Apt. #, etc. <b>P.O. Box 8065</b>
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City & State <b>Englewood, FL</b>	City & State <b>North Port, FL</b>	4. FEI Number <b>65-0622194</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>34223</b>	Country <b>USA</b>	Zip <b>34287</b>	Country <b>USA</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**ANTARES GROUP, INC.**  
**PMB #175**  
**4195 S TAMAMI TRAIL**  
**VENICE FL 34293-5112**

7. Name and Address of New Registered Agent

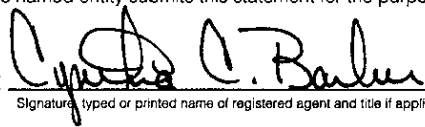
Name  
**Antares Group, Inc.**

Street Address (P.O. Box Number is Not Acceptable)  
**4284 Sunburst Ave.**

City  
**North Port** FL Zip Code  
**34286**

**RECEIVED JAN 10 2002**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE  **Cynthia C. Barber** 02/19/02

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD GREEN, CAROLYN 53 BAY HEIGHTS RD #402 ENGLEWOOD FL 34223</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MERRILL, BRUCE 18 BROWN ROAD NORTHWOOD NH 03261</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD HALE, LOUWANNA 53 BAY HEIGHTS RD #203 ENGLEWOOD FL 34223</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD PEARL, LEW 53 BAY HEIGHTS RD #202 ENGLEWOOD FL 34223</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LAYMAN, VIRGINIA 53 BAY HEIGHTS RD #201 ENGLEWOOD FL 34223</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS BARBER, CYNTHIA PMB #175 4195 S TAMAMI TRAIL VENICE FL 34293-5112</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/D Green, Carolyn 53 Bay Heights Rd. #402 Englewood, FL 34223</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D Richardson, Bruce 53 Bay Heights Rd. #307 Englewood, FL 34223</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/D Houser, Barbara 1183 Larchmont Dr. Englewood, FL 34223</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Romano, Peter 140 Essex St. Lynnfield, MA 01940</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Louanna W. Hale** 02/19/02 941-429-8694

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)