


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90016 014 ****61.25

DOCUMENT # N95000001293

1. Entity Name
LEMON BAY VIEW EAST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**53 BAY HEIGHTS
ENGLEWOOD FL 34223**

Mailing Address
**C/O ANTARES GROUP, INC.
P.O BOX 8065
NORTH PORT FL 34287
US**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
495 S. Tamiami Trail, PMB#173
Suite, Apt. #, etc.

City & State
Venice, FL

4. FEI Number
65-0622194

Applied For
 Not Applicable

Zip
34293

Country
USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ANTARES GROUP, INC.
760 SUGARWOOD WAY
VENICE FL 34292**

7. Name and Address of New Registered Agent
Name
Antares Group, Inc.
Street Address (P.O. Box Number is Not Acceptable)
495 S. Tamiami Trail, PMB#173
City
Venice FL Zip Code
34293

RECEIVED JAN 28 2006

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Cynthia C. Krumanaker* *CYNTHIA C. KRUMANAKER* **02-01-06**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> Delete
NAME	BARTHA, JOSEPHINE	
STREET ADDRESS	53 BAY HEIGHTS RD #207	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RICHARDSON, BETTY	
STREET ADDRESS	53 BAY HEIGHTS RD # 307	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOUSER, BARBARA	
STREET ADDRESS	1183 LARCHMONT DR	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HUDSON, ELMER	
STREET ADDRESS	53 BAY HEIGHTS RD. #403	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHNEIDER, DONALD	
STREET ADDRESS	53 BAY HEIGHTS RD # 302	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	AS	<input type="checkbox"/> Delete
NAME	KRUMANAKER, CYNTHIA	
STREET ADDRESS	760 SUGARWOOD WAY	
CITY-ST-ZIP	VENICE FL 34292	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carolyn Green	
STREET ADDRESS	53 Bay Heights Road, #402	
CITY-ST-ZIP	Englewood, FL 34223	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	495 S. Tamiami Trail, PMB#173	
CITY-ST-ZIP	Venice, FL 34293	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Elmer Hudson*