
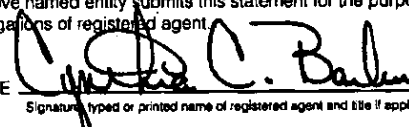



**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

3/3

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90475 019 \*\*\*\*61.25

DOCUMENT # <b>N95000001293</b>					
1. Entity Name <b>LEMON BAY VIEW EAST CONDOMINIUM ASSOCIATION, INC</b>					
<b>RECEIVED JAN - 3 2003</b>					
Principal Place of Business <b>53 BAY HEIGHTS ENGLEWOOD FL 34223</b>		Mailing Address <b>C/O ANTARES GROUP, INC. P.O BOX 8065 NORTH PORT FL 34287 US</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0622194</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>ANTARES GROUP, INC.</b> <b>4284 SUNBURST AVENUE</b> <b>NORTH PORT FL 34286</b>			Name <b>Antares Group, Inc.</b>		
			Street Address (P.O. Box Number is Not Acceptable)		
			<b>12497 S. Tamiami Trail, Ste. 2</b> City <b>North Port</b> FL Zip Code <b>34287</b>		
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. Barber		02/18/03	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing, <input type="checkbox"/> Trust Fund Contribution.		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, CAROLYN		NAME		
STREET ADDRESS	53 BAY HEIGHTS RD #402		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL 34223		CITY-ST-ZIP		
TITLE	PO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, BRUCE		NAME		
STREET ADDRESS	53 BAY HEIGHTS ROAD		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL 34223		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALE, LOUWANNA		NAME		
STREET ADDRESS	53 BAY HEIGHTS RD #203		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL 34223		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOUSER, BARBARA		NAME	Benson, Darlene	
STREET ADDRESS	1183 LARCHMONT DRIVE		STREET ADDRESS	53 Bay Heights Rd. #404	
CITY-ST-ZIP	ENGLEWOOD FL 34223		CITY-ST-ZIP	Englewood, FL 3 4223	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROMANO, PETER		NAME	Schneider, Donald	
STREET ADDRESS	140 ESSEX STREET		STREET ADDRESS	2876 Lakeside St.	
CITY-ST-ZIP	LYNNFIELD MA 01940		CITY-ST-ZIP	Madison, WI 53711	
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBER, CYNTHIA		NAME		
STREET ADDRESS	PMB #175 4195 S TAMAMI TRAIL		STREET ADDRESS	12497 S. Tamiami Trail, Ste. 2	
CITY-ST-ZIP	VENICE FL 34293-5112		CITY-ST-ZIP	North Port, FL 34287	
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: 		LOUWANNA W. HALE		2/25/03 941-429-8624	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

CRE037 (10/02)