FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995** 5-1-95 B-573

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 729390 (5)

1. Corporation Name

LIME BAY CONDOMINIUM, INC. NO. 3

Principal Place of Business	Mailing Address
9190 LIME BAY BLVD. TAMARAC FL 33321	9190 LIME BAY BLVD. TAMARAC FL 33321

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/16/1974
3a. Date of Last Report: 01/19/1994
4. FEI Number: 59-1606112 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☑ Yes ☐ No

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

9. Name and Address of Current Registered Agent

SELECTIVE PROPERTY SERVICES
9190 LIME BAY BLVD.
TAMARAC FL 33321

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 familar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE		☐ Change ☐ Addition
NAME	EISENBERG, MEL	12 NAME		
STREET ADDRESS	9301 LIME BAY BLVD.	13 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	STROMER, ABRAHAM	22 NAME		
STREET ADDRESS	9301 LIME BAY BLVD.	23 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	KIMLER, LARRY	32 NAME		
STREET ADDRESS	9200 LIME BAY BLVD	33 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL	34 CITY-ST-ZIP		
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	BARWESS, MEYER	42 NAME		
STREET ADDRESS	9201 LIME BAY BLVD.	43 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL	44 CITY-ST-ZIP		
TITLE	PD	51 TITLE		☐ Change ☐ Addition
NAME	STRAUSS, BELLE	52 NAME		
STREET ADDRESS	9301 LIME BAY BLVD	53 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL	54 CITY-ST-ZIP		
TITLE	VD	61 TITLE	VD	☒ Change ☐ Addition
NAME	BERG, NAT	62 NAME	LIDSKY, RUBIN	
STREET ADDRESS	9301 LIME BAY BLVD	63 STREET ADDRESS	9301 LIME BAY BLVD.	
CITY-ST-ZIP	TAMARAC FL	64 CITY-ST-ZIP	TAMARAC, FL 33321	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Belle Strauss Belle Strauss 4/27/95 305-722-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010348