2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/30

FILED
Jun 18, 2004 8:00 am
Secretary of State
04-30-2004 90211 007 ****61.25

DOCUMENT # 729391

1. Entity Name
LIME BAY CONDOMINIUM, INC. NO. 4

Principal Place of Business	Mailing Address
10034 W MCNAB RD TAMARAC, FL 33321	10034 W MCNAB RD TAMARAC, FL 33321

03292004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1606114 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MILES, JAMES 10034 W MCNAB RD TAMARAC, FL 33321	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

Filing Fee is $61.25
Due by May 1, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RUSSO, RUSSELL 10034 W MCNAB RD TAMARAC, FL 33321	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Cantor Ruth 10034 McNab Rd Tamarac, FL 33321 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BEDOR, ANNETTE 9401 LIME BAY BLVD #303 TAMARAC, FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Gamble, Patricia 10034 McNab Rd Tamarac, FL 33321 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD GAILYBE, PATRICK 10034 W MCNAB RD TAMARAC, FL 33321	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Kleimsmitz, Howard 10034 W McNab Rd Tamarac, FL 33321 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOOD, GRANT 10034 W MCNAB RD TAMARAC, FL 33321	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Caro, Raul 10034 McNab Rd Tamarac, FL 33321 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BEDOR, ANNETTE 10034 W MCNAB RD TAMARAC, FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Bedor, Annette 10034 McNab Rd Tamarac, FL 33321 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SELIG, JOSEPH 9330 LIIYE BITY BLVD TAMARAC, FL 33321	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Annette Bedor 5/11/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #