## 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

SIGNATURE:

2006 SEP -8 PM 1: 07 **DOCUMENT #725495** 1. Entity Name LIME BAY CONDOMINIUM INC SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 9190 LIME BAY BOULEVARD 9190 LIME BAY BOULEVARD TAMARAC, FL 33321 TAMARAC, FL 33321 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08222006 Chg-NP CR2E037 (4/06) City & State City & State Applied For 4. FEI Number 59-1561496 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent D&B PROPERTY MANAGEMENT SERVICES, INC. 7300 WEST MCNAB ROAD #219 TAMARAC, FL 33321 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. Lam familiar with, and accept the obligations of registered ager EIGH C. KATZMAN SIGNATURE lered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make check payable to Amended AR is \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS TITLE PΩ Detete MLE (X Change ☐ Addition 600 ores ABRAMSON, GARY NAME NAME STREET ADDRESS 9190 LIME BAY BOULEVARD STREET ADDRESS LIME CITY-ST-ZIP TAMARAC, FL 33321 CITY-ST-ZIP TITLE **□**Delete TITLE Change Addition NAME MORROW, MARGE NAME STREET ADDRESS 9190 LIME BAY BOULEVARD STREET ADDRESS TAMARAC, FL 33321 CITY-ST-ZIP CITY-SI-7IP S/T TITLE Delete TITLE Change Addition SMALL, KAREN MAME MARKE STREET ADDRESS 9190 LIME BAY BOULEVARD STREET ADORESS CITY- ST-ZIP TAMARAC, FL 33321 CITY-SI-ZIP ~ TITLE Delete TITLE Change ☐ Addition SHERBERT, SHIRLEY NAME NAME STREET ADDRESS 9190 LIME BAY BOLIEL VARD STREET ADDRESS TAMARAC, FL 33321 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete X Change TITLE ☐ Addition NAME NAME EN ALLEN STREET ADDRESS STREET ADORESS LIME BAY Blu CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 at other like empowered.

FILED