

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 729391

**Entity Name:** LIME BAY CONDOMINIUM, INC. NO. 4

**Current Principal Place of Business:**

9190 LIME BAY BLVD  
TAMARAC, FL 33321

**Current Mailing Address:**

C/O PHOENIX MANAGEMENT SERVICES  
4800 N. STATE RD. 7 #105  
LAUDERDALE LAKES, FL 33319 US

**FEI Number:** 59-1606114

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BROUGH, DAVID ESQUIRE  
BROUGH, CHADROW & LEVINE, P.A.  
1900 NORTH COMMERCE PARKWAY  
WESTON, FL 33326 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VD  
Name GOLCMAN, ABE  
Address 9190 LIME BAY BLVD  
City-State-Zip: TAMARAC FL 33321

Title PD  
Name OSIAS, EDWIN  
Address 9190 LIME BAY BLVD  
City-State-Zip: TAMARAC FL 33321

Title D  
Name MOLINI, JIM  
Address 9190 LIME BAY BLVD  
City-State-Zip: TAMARAC FL 33321

Title TREASURER  
Name SWANSON, KIRBY  
Address 9190 LIME BAY BLVD.  
City-State-Zip: TAMARAC FL 33321

Title SECRETARY  
Name PENN, JOY  
Address 9190 LIME BAY BLVD.  
City-State-Zip: TAMARAC FL 33321

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** EDWIN OSIAS

**PRESIDENT**

02/11/2016

Electronic Signature of Signing Officer/Director Detail

Date