

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)

**NONPROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 729389

(7)

1. Corporation Name

LIME BAY CONDOMINIUM, INC. NO. 2

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

3a. Date of Last Report

04/18/1974

01/19/1994

4. FEI Number

Applied For

59-1606110

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

☐

**FILING FEE IS
\$61.25**

8. This corporation has liability for intangible tax under s. 199.032,
 Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SELECTIVE PROPERTY SERVICES
 9190 LIME BAY BLVD.
 TAMARAC FL 33321**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	LONDER, HELEN
STREET ADDRESS	9100 LIME BAY BLVD.
CITY - ST - ZIP	TAMARAC FL
TITLE	SD
NAME	DORF, PHILIP
STREET ADDRESS	9150 LIME BAY BLVD
CITY - ST - ZIP	TAMARAC FL
TITLE	VD
NAME	REITMAN, MORRIS
STREET ADDRESS	9150 LIME BAY BLVD
CITY - ST - ZIP	TAMARAC FL
TITLE	D
NAME	KAUDER, PAUL
STREET ADDRESS	9100 LIME BAY BLVD
CITY - ST - ZIP	TAMARAC FL
TITLE	D
NAME	BERMAN, SAMUEL
STREET ADDRESS	9151 LIME BAY BLVD
CITY - ST - ZIP	TAMARAC FL
TITLE	TD
NAME	STORCH, MURRAY
STREET ADDRESS	9150 LIME BAY BLVD
CITY - ST - ZIP	TAMARAC FL

11. TITLE	VP/T
12. NAME	
13. STREET ADDRESS	
14. CITY - ST - ZIP	
21. TITLE	S/D
22. NAME	POSKOSH, LINDA
23. STREET ADDRESS	9101 LIME BAY BLVD.
24. CITY - ST - ZIP	TAMARAC, FL 33321
31. TITLE	P/D
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	
41. TITLE	
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
51. TITLE	D
52. NAME	RING, JOHN
53. STREET ADDRESS	9100 LIME BAY BLVD.
54. CITY - ST - ZIP	TAMARAC, FL 33321
61. TITLE	
62. NAME	
63. STREET ADDRESS	
64. CITY - ST - ZIP	

NO LONGER ON THE BOARD

SIGNATURE:

Helen Londer **HELEN LONDER TREA 6-15-95 722-2657**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone