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04630-2004 9021-006 *****61.25
DIVISION OF CORPORATIONS
729389

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2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # 729389

1. Entity Name
LIME BAY CONDOMINIUM, INC. NO. 2

Principal Place of Business	Mailing Address
10034 W MCNAB RD TAMARAC, FL 33321	C/O CASTLE MANAGMENT, INC PO BOX 789013 PLANTATION, FL 33318

03162004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	10034 W MCNAB Rd Suite, Apt. #, etc.
City & State	Tamarac, FL City & State
Zip / Country	33321 Zip / Country

4. FEI Number 59-1606110 ☐ 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
BAKALAR, BROUGH & CHADROW, P.A. WESTSIDE CORPORATE CENTER 150 S. PINE ISLAND RD., STE. 540 PLANTATION, FL 33324-2669	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	D BAROFSKY, GLADY 10034 W MCNAB RD TAMARAC, FL 33321	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Gumemberd, Rita LIZ 10034 W MCNAB Rd Tamarac, FL 33321	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ARIONDO, RUTH 10034 W MCNAB RD TAMARAC, FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ARIONDO, Ruth 10034 W MCNAB Rd TAMARAC, FL 33321	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DAVIS, LEO 10034 W MCNAB RD TAMARAC, FL 33321	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Williams, Charlotte 10034 W MCNAB Rd TAMARAC, FL 3332	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD GOLDSMITH, NORMAN 10034 W MCNAB RD TAMARAC, FL 33321	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HORN, ZENITH 9101 Lime Bay Blvd. TAMARAC, FL, 33321	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RIOS, PETER 10034 W MCNAB RD TAMARAC, FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RIOS, Peter 10034 W MCNAB Rd TAMARAC, FL 33321.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: _____ Shelley _____ _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #