

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729389

FILED
Apr 23, 2009
Secretary of State

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

Current Principal Place of Business:

9190 LIME BAY BLVD
TAMARAC, FL 33321

New Principal Place of Business:

Current Mailing Address:

9190 LIME BAY BLVD
TAMARAC, FL 33321

New Mailing Address:

FEI Number: 59-1606110

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATZMAN GARFINKEL
1501 NW 49TH ST.
FT. LAUDERDALE, FL 33009 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILLIAMS, CHARLOTTE E
Address: 9190 LIME BAY BLVD
City-St-Zip: TAMARAC, FL 33321

Title: VP () Delete
Name: SWAN, CARLILNGTON
Address: 9190 LIME BAY BLVD
City-St-Zip: TAMARAC, FL 33321

Title: SD () Delete
Name: DAVIS, CAROL A
Address: 9190 LIME BAY BLVD
City-St-Zip: TAMARAC, FL 33321

Title: TD () Delete
Name: DAVIS, CAROL
Address: 9190 LIME BAY BLVD
City-St-Zip: TAMARAC, FL 33321

Title: DIR () Delete
Name: GORMAN, ABE
Address: 9190 LIME BAY BLVD.
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TRE (X) Change () Addition
Name: DAVIS, CAROL A
Address: 9190 LIME BAY BLVD
City-St-Zip: TAMARAC, FL 33321

Title: SEC (X) Change () Addition
Name: GUTTENBERG, ROBERT
Address: 9190 LIME BAY BLVD
City-St-Zip: TAMARAC, FL 33321

Title: DR (X) Change () Addition
Name: GORMAN, ABE
Address: 9190 LIME BAY BLVD.
City-St-Zip: TAMARAC, FL 33321

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHARLOTTE WILLIAMS

P

04/23/2009

Electronic Signature of Signing Officer or Director

Date