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Mar 03, 1999 8:00 am
Secretary of State

0038591

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

03-03-1999 90014 022 ****61.25

DOCUMENT # 729391

1. Corporation Name

LIME BAY CONDOMINIUM, INC. NO. 4

Principal Place of Business

9190 LIME BAY BLVD.
 TAMARAC FL 33321

Mailing Address

9190 LIME BAY BLVD.
 TAMARAC FL 33321



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date incorporated or Qualified

04/18/1974

4. FEI Number
 59-1606114

Applied For
 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

9. Name and Address of Current Registered Agent

SELECTIVE PROPERTY SERVICES
 9190 LIME BAY BLVD.
 TAMARAC FL 33321

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **TD** DELETE
 NAME **FRANK, LILLIAN**
 STREET ADDRESS **9400 LIME BAY BLVD**
 CITY-ST-ZIP **TAMARAC FL**

TITLE **D** DELETE
 NAME **SILVERMAN, BEATRICE J.**
 STREET ADDRESS **9401 LIME BAY BLVD**
 CITY-ST-ZIP **TAMARAC FL**

TITLE **SD** DELETE
 NAME **EDELSTEIN, ANNE**
 STREET ADDRESS **9300 LIME BAY BLVD.**
 CITY-ST-ZIP **TAMARAC FL**

TITLE **PD** DELETE
 NAME **SELIG, JOSEPH**
 STREET ADDRESS **9330 LIME BAY BLVD**
 CITY-ST-ZIP **TAMARAC FL**

TITLE **VPD** DELETE
 NAME **ZAGER, MARION**
 STREET ADDRESS **9330 LIME BAY BLVD**
 CITY-ST-ZIP **TAMARAC FL**

TITLE **D** DELETE
 NAME **BEDOR, DAVID**
 STREET ADDRESS **9330 LIME BAY BLVD**
 CITY-ST-ZIP **TAMARAC FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE **SD** Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE **D** Change Addition
 3.2 NAME **KLEIN, ELMER**
 3.3 STREET ADDRESS **9300 LIME BAY BLVD.**
 3.4 CITY-ST-ZIP **ATAMARAC, FL.**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2/12/99 954-722-5090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)