

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT

1996



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

DOCUMENT # 734566 (3)

1. Corporation Name

LIME BAY COMMUNITY ASSOCIATION, INC.

Principal Place of Business

9190 LIME BAY BLVD  
TAMARAC FL 33321

Mailing Address

9190 LIME BAY BLVD  
TAMARAC FL 33321



3. Date Incorporated or Qualified  
12/05/1975

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	EISENBERG, MEL	
STREET ADDRESS	9301 LIME BAY BLVD	
CITY-ST-ZIP	TAMARAC FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SELIG, JOESPH	
STREET ADDRESS	9330 LIME BAY BLVD	
CITY-ST-ZIP	TAMARAC FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SILVERMAN, BEATRICE J	
STREET ADDRESS	9401 LIME BAY BLVD	
CITY-ST-ZIP	TAMARAC FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	POLOWITZ, DAVID	
STREET ADDRESS	9401 LIME BAY BLVD	
CITY-ST-ZIP	TAMARAC FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ZOPPEL, PEARL	
STREET ADDRESS	9080 LIME BAY BLVD	
CITY-ST-ZIP	TAMARAC FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SILVESTRI, ANTHONY	
1.3 STREET ADDRESS	9090 LIME BAY BLVD.	
1.4 CITY-ST-ZIP	TAMARAC, FL 33321	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SELIG, JOSEPH	
2.3 STREET ADDRESS	9330 LIME BAY BLVD.	
2.4 CITY-ST-ZIP	TAMARAC, FL 33321	
3.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SILVERMAN, BEATRICE J.	
3.3 STREET ADDRESS	9401 LIME BAY BLVD.	
3.4 CITY-ST-ZIP	TAMARAC, FL 33321	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LONDER, HELEN	
4.3 STREET ADDRESS	9100 LIME BAY BLVD.	
4.4 CITY-ST-ZIP	TAMARAC, FL 33321	
5.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	STRAUSS, BELLE	
5.3 STREET ADDRESS	9301 LIME BAY BLVD.	
5.4 CITY-ST-ZIP	TAMARAC, FL 33321	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*Beatrice J. Silverman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Beatrice J. Silverman 4/6/96 722-8600

Date

Daytime Phone #

CR2E037 (12/95)