FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

734566

(3)

LIME BAY COMMUNITY ASSOCIATION, INC.

Principal Plac	e of Business	Mailing Address							
9190 LIME BAY TAMARAC FL 3		9190 LIME BAY BLVD TAMARAC FL 33321-8605							
					3.	Date Incorporated or Qualified 12/05/1975	3a. Date of Las 04/15/1		
2. Principal P ≥1	lace of Business	2a. Mailing Address 26	26			FEI Number 59-1651348	Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27			Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State				Election Campaign Financing Trust Fund Contribution			
Zip	Country 25	Zip 29	29 30			8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes Yes No 10. Name and Address of New Registered Agent			
	9. Name and Address of Curren	it Hegistered Agent		04 N		Name and Address of New He	gistered Agent		
	_]	81 Nam	е				
SELECTIVE PROPERTY SERVICES 9190 LIME BAY BLVD.				82 Stree	et Address (P	O. Box Number is Not Acceptab	le)		
TAMARA	C FL 33321		83						
			-	84 City			FL 85 Z	ip Code	
44 Burguent	to the provisions of Sections 617.050	2 and C17 1609 Elevida Ptalu	loo the eb	aug nama	d corneration	n pulposite this statement for the p		n ita samiatasa d	
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was	authorized	by the co	prporation's b	oard of directors. I hereby accep	of the appointment	as registered	
SIGNATURE .	Signature, typed or printed name of registered ago	of and little if applicable (NO	TE Registered	Agent signat-	ure required when	refostation)	DATE		
12.	OFFICERS AND		13.	<u> </u>		ADDITIONS/CHANGES TO OFFIC		ORS IN 12	
TITLE	PD	DELETE	1.1 10	LĒ	T		☐ Chang	e Addition	
NAME	SILVERSTRI, ANTHONY		1.2 NA	ME					
STREET ADDRESS	9090 LIME BAY BLVD		1.3 STI	1.3 STREET ADDRESS					
CITY-ST-ZIP	TAMARAC FL CRICA	my silvection	1,4 CIT	Y-ST-ZIP					
TITLE	SD	DELETE	2.1 TIT	LE	SD		Chang	e 🔲 Addition	
NAME	SELIG , JOESPH		2.2 NA	ME	POSH	KOSH, LINDA	, -		
STREET ADDRESS	9330 LIME BAY BLVD		2.3 STF	REET ADDRESS	9101	LIME BAY BLVD	100	1.6-1	
CITY-ST-ZIP	TAMARAC FL	Dagitte		TY-ST-ZIP	TAMA	RAC, FL 33321 0	Xuka 10	nosn	
TITLE	VPD	☐ DELETE	3 1 TIT		ł	•) L. Chang	e	
NAME	SILVERMAN, BEATRICE J		3 2 NA						
STREET ADDRESS	9401 LIME BAY BLVD			REET ADDRESS	3	1			
TITLE	TAMARAC FL	DELETE	3.4. Cit 4.1 Titi	r-St-ZIP			Chang	e Addition	
NAME	TD HELEN		4.1 III				€ cuand	5 Addition	
STREET ADDRESS	LONDER, HELEN 9100 LIME BAY BLVD			ime Reet address	,				
	TAMARAC FL	/		Y-ST-ZIP	,	.8. 4	1 1		
TITLE	VPD	XI DELETE	5.1 TiTi		VPD()	Conti R Maney	Chang	e Addition	
NAME	STRAUSS, BELLE		5.2 NAI		BLUME	NTHAL, ALBERT	VIII		
STREET ADDRESS				3 STREET ADDRESS 9081 LIME BAY BLVD.			ļ		
CITY-ST-ZIP	TAMARAC FL			Y - ST - ZIP		TAMARAC, FL 33321			
TITLE		☐ DELETE	6 1 TIT				☐ Chang	e Addition	
NAME			6.2 NA	ME				ľ	
STREET ADDRESS			6.3 STF	IEET ADDRESS	3				
CITY-ST-ZIP				Y-ST-ZIP					
14. I do heret	by certify that the information supplied	d with this filing does not qual	ify for the e	exemption	stated in Sec	ction 119.07(3)(i), Florida Statutes	s. I further certify th	at the	

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I do hereby certify that the information supplied with this filing does not quarry 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 months 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.

FILED

Mar 17 1997 8:00am

Secretary of State

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