

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90096 030 ****61.25

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DOCUMENT # 734566

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

12/05/1975

4. FEI Number

59-1651348

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 PD
NAME SILVERSTRI, ANTHONY
STREET ADDRESS 9090 LIME BAY BLVD
CITY-ST-ZIP TAMARAC FL ☒ DELETE

TITLE VPD
NAME SILVESTRI, ANTHONY
STREET ADDRESS 9090 LIME BAY BLVD.
CITY-ST-ZIP TAMARAC FL ☒ DELETE

TITLE PD
NAME MORGENSTEIN, EVELYN
STREET ADDRESS 9100 LIME BAY BLVD.
CITY-ST-ZIP TAMARAC FL ☐ DELETE

TITLE TD
NAME LONDER, HELEN
STREET ADDRESS 9100 LIME BAY BLVD
CITY-ST-ZIP TAMARAC FL ☐ DELETE

TITLE VPD
NAME BLUMENTHAL ALBERT
STREET ADDRESS 9081 LIME BAY BLVD
CITY-ST-ZIP TAMARAC FL ☐ DELETE

TITLE SD
NAME ROBERTS, JACQUELINE
STREET ADDRESS 9301 LIME BAY BLVD.
CITY-ST-ZIP TAMARAC FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VPD
1.2 NAME EISENBERG, MELVIN
1.3 STREET ADDRESS 9301 LIME BAY BLVD.
1.4 CITY-ST-ZIP TAMARAC, FL ☒ Change ☐ Addition

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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

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:

Evelyn Morgenstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Pres. 2/15/99 954-722-8287

CR2E037 (1/98)