

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734566

1. Entity Name

LIME BAY COMMUNITY ASSOCIATION, INC. ✓

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90159 015 ****61.75

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1651348

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SELECTIVE PROPERTY SERVICES
9190 LIME BAY BLVD.
TAMARAC FL 33321

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	EISENBERG, MELVIN	
STREET ADDRESS	9301 LIME BAY BLVD	
CITY-ST-ZIP	TAMARAC FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MORGENSTEIN, EVELYN	
STREET ADDRESS	9100 LIME BAY BLVD.	
CITY-ST-ZIP	TAMARAC FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LONDER, HELEN	
STREET ADDRESS	9100 LIME BAY BLVD	
CITY-ST-ZIP	TAMARAC FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BLUMENTHAL ALBERT	
STREET ADDRESS	9081 LIME BAY BLVD	
CITY-ST-ZIP	TAMARAC FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROBERTS, JACQUELINE	
STREET ADDRESS	9301 LIME BAY BLVD.	
CITY-ST-ZIP	TAMARAC FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLDSMITH NORMAN	
STREET ADDRESS	9101 Lime Bay Blvd	
CITY-ST-ZIP	Tamarac, Fl.	
TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Muriel Shaid	
STREET ADDRESS	9150 Lime Bay Blvd	
CITY-ST-ZIP	Tamarac, Fl.	
TITLE	V.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pearl Zippel	
STREET ADDRESS	9080 Lime Bay Blvd	
CITY-ST-ZIP	Tamarac, Fl.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 7/1/00

Daytime Phone # 854-718-0451

CR2E037 (5/00)