


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 734566	
1. Entity Name LIME BAY COMMUNITY ASSOC. INC.	

FILED
03 MAY -8 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9190 LIME BAY BLVD	3. Mailing Address 9190 LIME BAY BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State TAMARAC, FL.	City & State TAMARAC, FL.
Zip 33321	Zip 33321
Country	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1651348	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name MILES, JAMES	
	Street Address (P.O. Box Number is Not Acceptable) 16634 W. MCNAB ROAD	
	City TAMARAC	FL Zip Code 33321

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. GERALD KANE 9080 LIME BAY BLVD.#103 TAMARAC, FL. 33321	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700017846137 05/01/03--01082--023 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. RUSSELL RUSSO 9330 LIME BAY BLVD.#307 TAMARAC, FL. 33321	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER LEO DAVIS 9100 LIME BAY BLVD #312 TAMARAC, FL 33321	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY JACKIE ROBERTS 9361 LIME BAY BLVD #101 TAMARAC, FL. 33321	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other, like empowered.

SIGNATURE: Leo Davis - Leo DAVIS - Treasr Date: 09/14/03 954 722 2350

CR2E037B (12/02)