2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 11, 2007 8:00 am Secretary of State

1. Entity Nan	MENT # 735052 LUB CONDOMINIUM ASSOC	CIATION, INC.				90025 006 ****61	
1525 MINUT	ee of Business EMEN CAUSEWAY CH., FL 32931	209	525 MINUTEMEN CAUSEWAY				
Principal Place of Business - No P.O. Box # 3. Ma		3. Mailing Address	Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-NP	CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-18906	63		pplied For lot Applicable
Zip	13 revard	Zip	Brevar.	5. Certificate of	Status Desired	□ \$8.75 Ac Fee Requir	iditional ed
	6. Name and Address of Current Re	egistered Agent		7. Name and Ad	dress of New I	Registered Agent	
SCHAFFF	R. ROBERT W		Name				
SCHAEFER, ROBERT W 1525 MINUTEMEN CAUSEWAY UNIT 204			Street A	Street Address (P.O. Box Number is Not Acceptable)			
COCOA B	EACH, FL 32931						
			City	FL Zip Code			
8. The above the obligat	named entity submits this statement for the ions of registered agent.	he purpose of changing i	ts registered office o	r registered agent, or both, i	n the State of F	lorida. I am familiar with	, and accept
0101117177							
SIGNATURE	Signature, typed or printed name of registered agent and	title il applicable. (NC	TE: Registered Agent signal	ture required when reinstating)		DATE	
SIGNATURE	Signature, typed or privated name of registered agent and Filling Fee is \$61.25 Due by May 1, 2007	9. Election Ca	TE: Registered Agent signed ampaign Financing Contribution.	\$5.00 May Be Added to Fees		DATE Make check payable wida Department of S	
SIGNATURE	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Contract Fund	ampaign Financing Contribution.	\$5.00 May Be Added to Fees	Flo	Make check payable rida Department of S	State
	Filing Fee is \$61.25	9. Election Contract Fund	empaign Financing	\$5.00 May Be Added to Fees	Flo	Make check payable	State
10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIRE D BUCK, RAY 1525 MINUTEMEN UNIT 202	9. Election Carrust Fund CTORS Delete	ampaign Financing Contribution. 11. ITILE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Fio GES TO OFFICE	Make check payable wida Department of S	N 10
10. ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIRE D BUCK, RAY 1525 MINUTEMEN UNIT 202 COCOA BEACH, FL 32931 SD LATHOROW, JOHN 1525 MINUTEMEN CSWY UNIT 10	9. Election Carrust Fund CTORS Delete Delete Delete	empaign Financing Contribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Fio GES TO OFFICE	Make check payable rida Department of \$ ERS AND DIRECTORS II	State N 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIRE D BUCK, RAY 1525 MINUTEMEN UNIT 202 COCOA BEACH, FL 32931 SD LATHOROW, JOHN 1525 MINUTEMEN CSWY UNIT 10 COCOA BEACH, FL 32931 VPD ZARN, DOUGLAS 1525 MINUTEMEN CAUSEWAY #*	9. Election Carrust Fund CTORS Delete Delete Delete	ampaign Financing Contribution. 11, TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	S5.00 May Be Added to Fees ADDITIONS/CHANG	Fio GES TO OFFICE	Make check payable rida Department of \$ ERS AND DIRECTORS II Change	State N 10 Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIRE D BUCK, RAY 1525 MINUTEMEN UNIT 202 COCOA BEACH, FL 32931 SD LATHOROW, JOHN 1525 MINUTEMEN CSWY UNIT 10 COCOA BEACH, FL 32931 VPD ZARN, DOUGLAS 1525 MINUTEMEN CAUSEWAY #* COCOA BCH, FL D HURDLE, JOHN 1525 MINUTEMEN UNIT 207	9. Election Carrust Fund CTORS Delete Delete Delete Delete Delete	ampaign Financing Contribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	S5.00 May Be Added to Fees ADDITIONS/CHANG	Fio	Make check payable orida Department of \$ ERS AND DIRECTORS II Change Change Change	State N 10 Addition Addition Addition Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Robert W Schaefer SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

321-784-9128 Daystime Phone #