


2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90060 029 ****61.25

DOCUMENT # 754905			
1. Entity Name LEMON BAY BREEZES CONDOMINIUM ASSOCIATION, INC.		Principal Place of Business 1401 S. MCCALL RD. ENGLEWOOD, FL 34223	
Mailing Address 1401 S. MCCALL RD. ENGLEWOOD, FL 34223		44005701	
2. Principal Place of Business		3. Mailing Address 1401 S. MCCALL RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc. UNIT 309A	
City & State		City & State ENGLEWOOD	
Zip		Zip 34223	
Country		Country CHARLOTTE	
4. FEI Number 59-2728446		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KEUKER, OSCAR A. F. 1931 TAMiami TRAIL, STE. 4 PORT CHARLOTTE, FL 33948		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2004		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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEWELL, DIXIE	NAME	
STREET ADDRESS	1401 S. MCCALL RD #302A	STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD, FL 34223	CITY-ST-ZIP	
TITLE	SOT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOPE, MARIE	NAME	
STREET ADDRESS	1401 S MCCALL RD #1083	STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD, FL 34223	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTOLI, ROSS	NAME	
STREET ADDRESS	1401 S. MCCALL RD	STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD, FL 34223	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <u>L. Dixie Sewell</u>		Date: <u>1-25-04</u> Daytime Phone #: <u>941-766-0635</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	