2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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Mar 31, 2005 8:00 am
Secretary of State
02-09-2005 90052 001 ****61.25

66008047

1st MOORE CR2E037 (10/04)

DOCUMENT # N03000010572

1. Entity Name

LIME IN THE GROVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3122 VIRGINIA STREET MIAMI FL 33133	3122 VIRGINIA STREET MIAMI FL 33133

2. Principal Place of Business	3. Mailing Address
3060 Lime ct.	3060 Lime ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Miami FL.	Miami, FL.
City & State	City & State
Zip 33133 Country U.S.A.	Zip 33133 Country U.S.A.

4. FEI Number AP-PLIED FOR ☐ Applied For ☐ Not Applicable

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
DIAZ, RENE 3122 VIRGINIA STREET MIAMI FL 33133	Name Stefan Kauth Street Address (P.O. Box Number is Not Acceptable) 3060 Lime Court City Miami FL Zip Code 33133

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 _____ 2/3/05
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VALIENTE, PEDRO O 3122 VIRGINIA STREET MIAMI FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President STEFAN KAUTH 3060 LIME COURT MIAMI, FL-33133	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVD DIAZ, GRACIELA 3122 VIRGINIA STREET MIAMI FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVD IVETTE A. BASSA 3062 LIME COURT. MIAMI, FL-33133	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DIAZ, RENE 3122 VIRGINIA STREET MIAMI FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD APRIL KAUTH 3060 Lime Court MIAMI, FL-33133	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 1-30-05 305-219-0533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

#N030000105 72

ATTACHMENT

66008047

1-866-816-2662
1-800 829 4933
Robert S 38-54102

Form **SS-4** (Rev. December 2001)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN 26-0087007

OMB No. 1545-0003

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested
LIME IN THE GROVE CONDOMINIUM ASSOCIATION, INC

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name
RENE DIAZ

4a Mailing address (room, apt., suite no. and street, or P.O. box)
3122 VIRGINIA ST

5a Street address (if different) (Do not enter a P.O. box.)

4b City, state, and ZIP code
MIAMI FL 33133

5b City, state, and ZIP code

6 County and state where principal business is located
DADE, FLORIDA

7a Name of principal officer, general partner, grantor, owner, or trustor
RENE DIAZ

7b SSN, ITIN, or EIN

8a Type of entity (check only one box)

- ☐ Sole proprietor (SSN) ____
- ☐ Partnership
- ☐ Corporation (enter form number to be filed) ▶ ____
- ☐ Personal service corp.
- ☐ Church or church-controlled organization
- ☑ Other nonprofit organization (specify) ▶ CONDOMINIUM ASS.
- ☐ Other (specify) ▶
- ☐ Estate (SSN of decedent) ____
- ☐ Plan administrator (SSN) ____
- ☒ Trust (SSN of grantor) ____
- ☐ National Guard ☐ State/local government
- ☐ Farmers' cooperative ☐ Federal government/military
- ☐ REMIC ☐ Indian tribal governments/enterprises

Group Exemption Number (GEN) ▶ ____

8b If a corporation, name the state or foreign country (if applicable) where incorporated — State: FLORIDA — Foreign country:

9 Reason for applying (check only one box)

- ☐ Started new business (specify type) ▶ ____
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Compliance with IRS withholding regulations
- ☐ Other (specify) ▶
- ☑ Banking purpose (specify purpose) ▶ DEPOSITS OF ASS. DUES AND PAYMENT OF EXPENSES,
- ☐ Changed type of organization (specify new type) ▶ ____
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶ ____
- ☐ Created a pension plan (specify type) ▶ ____

10 Date business started or acquired (month, day, year)
JAN 04

11 Closing month of accounting year
DEC 31, 04

12 First date wages or annuities were paid or will be paid (month, day, year). Note: *If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)* ▶

13 Highest number of employees expected in the next 12 months. Note: *If the applicant does not expect to have any employees during the period, enter "-0-."* ▶ — Agricultural: — Household: — Other: —

14 Check one box that best describes the principal activity of your business.

- ☐ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Health care & social assistance ☐ Accommodation & food service ☐ Wholesale-agent/broker ☐ Wholesale-other ☐ Retail
- ☐ Real estate ☐ Manufacturing ☐ Finance & insurance ☒ Other (specify)

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
CONDOMINIUM ASSOCIATION

16a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No
Note: *If "Yes," please complete lines 16b and 16c.*

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
Legal name ▶ Trade name ▶

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) — City and state where filed — Previous EIN

Third Party Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name — Designee's telephone number (include area code) ( ) —
Address and ZIP code — Designee's fax number (include area code) ( ) —

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ RENE DIAZ — Applicant's telephone number (include area code) (305) 219-0533

Signature ▶ Rene Diaz — Date ▶ 5-25-04 — Applicant's fax number (include area code) (305) 446-5354