

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

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N05064</b> 1. Entity Name <b>LEMON TREE CONDOMINIUM ASSOCIATION OF ROTONDA WEST, INC.</b>			
Principal Place of Business <b>J&amp; B COMM MGMT INC PO BOX 216 ENGLEWOOD FL 34295 US</b>		Mailing Address <b>J&amp; B COMM MGMT INC PO BOX 216 ENGLEWOOD FL 34295 US</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  <b>FERRO, SAMUEL 87 BOUNDARY BLVD UNIT 11 ROTONDA WEST FL 33947</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
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. <span style="float: right;"><b>NA</b></span>			
SIGNATURE <span style="float: right;">DATE</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD <input type="checkbox"/> Delete <b>CYR, GEORGE E. 87 BOUNDARY BLVD UNIT 9 ROTONDA WEST FL 33947</b>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>U000000305810 04/14/05-80101-008 61.25</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD <input type="checkbox"/> Delete <b>FERRO, SAMUEL 87 BOUNDARY BLVD., UNIT 11 ROTONDA WEST FL 33947</b>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD <input type="checkbox"/> Delete <b>NUNES, EDWIN JR 87 BOUNDARY BLVD., #12 ROTONDA WEST FL 33947</b>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete <b>CARMEN, SARNO 87 BOUNDARY BLVD., #6 ROTONDA WEST FL 33947</b>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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			
<b>SIGNATURE:</b> <span style="float: right;"><b>SAM FERRO</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
<span style="float: right;"><b>4/17/05</b></span> <small>Date</small>			
<span style="float: right;"><b>PREP</b></span> <small>Daytime Phone #</small>			



1st MOORE CR2E037 (10/04)

4. FEI Number **59-2539579** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required