


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90223 014 ****61.25

DOCUMENT # N05064 1. Entity Name LEMON TREE CONDOMINIUM ASSOCIATION OF ROTONDA WEST, INC.					
Principal Place of Business J& B COMM MGMT INC PO BOX 216 ENGLEWOOD FL 34295 US			Mailing Address J& B COMM MGMT INC PO BOX 216 ENGLEWOOD FL 34295 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2539579 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FERRO, SAMUEL 87 BOUNDARY BLVD UNIT 11 ROTONDA WEST FL 33947			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CYR, GEORGE E.		NAME		
STREET ADDRESS	87 BOUNDARY BLVD UNIT 9		STREET ADDRESS		
CITY- ST- ZIP	ROTONDA WEST FL 33947		CITY- ST- ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERRO, SAMUEL		NAME		
STREET ADDRESS	87 BOUNDARY BLVD., UNIT 11		STREET ADDRESS		
CITY- ST- ZIP	ROTONDA WEST FL 33947		CITY- ST- ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NUNES, EDWIN JR		NAME		
STREET ADDRESS	87 BOUNDARY BLVD., #12		STREET ADDRESS		
CITY- ST- ZIP	ROTONDA WEST FL 33947		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARMEN SARNO SARNO, CARMEN		NAME		
STREET ADDRESS	87 BOUNDARY BLVD., #6		STREET ADDRESS		
CITY- ST- ZIP	ROTONDA WEST FL 33947		CITY- ST- ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLMANN, WILLIAM WILLMANN, WILLIAM		NAME		
STREET ADDRESS	87 BOUNDARY BLVD., #1		STREET ADDRESS		
CITY- ST- ZIP	ROTONDA WEST, FL 33947		CITY- ST- ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VAN SICKLE THOMAS VAN SICKLE THOMAS		NAME		
STREET ADDRESS	87 BOUNDARY BLVD., #5		STREET ADDRESS		
CITY- ST- ZIP	ROTONDA WEST, FL 33947		CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Blairly J. Bonnell, C.A.M.</i> 04-19-06 (941) 697-1444					