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Apr 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N07414 (8)**
1. Corporation Name
LEMON BAY BREEZES MASTER ASSOCIATION, INC.



Principal Place of Business: **1401 MCCALL ROAD SOUTH ENGLEWOOD FL 34223**
Mailing Address: **1401 MCCALL ROAD SOUTH ENGLEWOOD FL 34223-4863**

3. Date Incorporated or Qualified: **01/31/1985**
3a. Date of Last Report: **04/25/1996**

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
22 Suite, Apt #, etc.
23 City & State
24 Zip Country
25 Zip Country

4. FEI Number: **65-0146484**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**STENGER, JOHN
1401 S MCCALL RD
ENGLEWOOD FL 34223**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	STENGER, JOHN	
STREET ADDRESS	19 SCHANCK ST.	
CITY-ST-ZIP	FREEHOLD NJ	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	STENGER, FABIOLA	
STREET ADDRESS	19 SCHANCK ST.	
CITY-ST-ZIP	FREEHOLD NJ	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KAYE, GEORGE	
STREET ADDRESS	1401 S. MCCALL ROAD	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	REGINALD DRAGON
4.4 CITY-ST-ZIP	1401 S. MCC ALL RD. ENGLEWOOD, FL.
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with a new address.

SIGNATURE: *Richard G Sullivan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **3/31/97**
Daytime Phone #: **941-474-3418**
0082362

CR2E037 (9/96)