

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90212 015 ***122.50

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N07414

1. Corporation Name

LEMON BAY BREEZES MASTER ASSOCIATION, INC.

* 5 6 3 7 1 4 *
 563714 - 90001 - 41

Principal Place of Business 1401 MCCALL ROAD SOUTH ENGLEWOOD FL 34223	Mailing Address 1401 MCCALL ROAD SOUTH ENGLEWOOD FL 34223
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date incorporated or Qualified 01/31/1985
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 65-0146484
22	27	Applied For Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip Country	Zip Country	
24	29	30

9. Name and Address of Current Registered Agent SULLIVAN, RICHARD E 1401 S MCCALL RD., #107B 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
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11. Pursuant to the provisions of Sections 817.0502 and 817.1508, 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 817.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 4/18/99

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STENGER, JOHN		1.2 NAME	
STREET ADDRESS 19 SCHANCK ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP FREEHOLD NJ		1.4 CITY-ST-ZIP	
TITLE PD	DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SULLIVAN, RICHARD		2.2 NAME	
STREET ADDRESS 1401 MCCALL ROAD SOUTH		2.3 STREET ADDRESS	
CITY-ST-ZIP ENGLEWOOD FL 34223		2.4 CITY-ST-ZIP	
TITLE D	DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DRAGON, REGINALD		3.2 NAME	
STREET ADDRESS 1401 S. MCCALL ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP ENGLEWOOD FL 34223		3.4 CITY-ST-ZIP	
TITLE	DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 4/18/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)