

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90143 017 \*\*\*\*61.25

**DOCUMENT # N07414**

1. Entity Name

**LEMON BAY BREEZES MASTER ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

1401 MCCALL ROAD SOUTH  
 ENGLEWOOD FL 34223

1401 MCCALL ROAD SOUTH  
 ENGLEWOOD FL 34223-4863

2. Principal Place of Business

3. Mailing Address

*90 Keys - Caldwell Inc*

*Suite, Apt. #, etc.  
 250 W. Tampa Ave.*

*City & State  
 Venice FL*

*Zip Country  
 34285 USA*



DO NOT WRITE IN THIS SPACE

City & State

4. FEI Number

**65-0146484**

Applied For

Not Applicable

Zip

Country

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

**SULLIVAN, RICHARD E**  
**1401 S MCCALL RD., #107B**  
**ENGLEWOOD FL 34223**

Name *Keys - Caldwell, Inc*

Street Address (P.O. Box Number is Not Acceptable)

*250 W. Tampa Ave.*

City *Venice* State **FL** Zip Code *34285*

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.

SIGNATURE

*Quette K Caldwell, Pres. Keys - Caldwell Inc. 4/24/00*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D**  Delete  
 NAME **STENGER, JOHN**  
 STREET ADDRESS **19 SCHANCK ST.**  
 CITY-ST-ZIP **FREEHOLD NJ**

TITLE **PD**  Change  Addition  
 NAME *Camille Fray*  
 STREET ADDRESS *1401 S. McCall Rd. #207B*  
 CITY-ST-ZIP *Englewood, FL 34223*

TITLE **PD**  Delete  
 NAME **SULLIVAN, RICHARD**  
 STREET ADDRESS **1401 MCCALL ROAD SOUTH**  
 CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE **VB**  Change  Addition  
 NAME *Kaye Melquist*  
 STREET ADDRESS *1401 S. McCall Rd. #308A*  
 CITY-ST-ZIP *Englewood, FL 34223*

TITLE **D**  Delete  
 NAME **DRAGON, REGINALD**  
 STREET ADDRESS **1401 S. MCCALL ROAD**  
 CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE **STD**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 employed.

SIGNATURE:

*Camille Fray*

*4/27/00 941-484-6108*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

COPY TO FILE