

'2001 UNIFORM BUSINESS REPORT (UBR)

4/21

FILED
May 21, 2001 8:00 am
Secretary of State

04-25-2001 90162 049 ****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

C/O KEYS-CALDWELL INC
~~250 W TAMPA AVE~~
 VENICE FL 34285
 US

- 45460



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1747 S. Tamiami Tr
 # 223

City & State

City & State

Venice FL

4. FEI Number

65-0146484

Applied For

Not Applicable

Zip

Country

Zip

Country

34293 USA
 Sarasota

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

KEYS-CALDWEL INC
 250 W TAMPA AVE
 VENICE FL 34285

Name

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

1747 S. Tamiami Tr # 223

City

Venice

FL

Zip Code

34293

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

Keep - Caldwell Inc.
Ronette K. Caldwell

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

(NOTE: Registered Agent signature required when reinstating)

4/10/01

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	FREY, CAMILLE	1401 S MCCALL RD #207B	ENGLEWOOD FL 34223	<input type="checkbox"/>
VD	MELQUIST, KAYE	1401 S MCCALL RD #308A	ENGLEWOOD FL 34223	<input type="checkbox"/>
STD	DRAGON, REGINALD	1401 S. MCCALL ROAD	ENGLEWOOD FL 34223	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	Stenger, John	19 Schanck St	Freehold, NJ 07728	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (10/00)

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 employees.

SIGNATURE:

Camille G. Frey
 Camille G. Frey 4-12-01
 941-408-8293

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #