


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N07414
 1. Entity Name
LEMON BAY BREEZES MASTER ASSOCIATION, INC.



Principal Place of Business 1401 MCCALL ROAD, UNIT 309A ENGLEWOOD, FL 34223	Mailing Address 1401 MCCALL ROAD, UNIT 309A ENGLEWOOD, FL 34223
---	---

DO NOT WRITE IN THIS SPACE



01252004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0146484	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 KEUKER, OSCAR A. F.
 1931 TAMIAAMI TRAIL, STE. 4
 PORT CHARLOTTE, FL 33948-2937

DO NOT WRITE IN THIS SPACE

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

Filing Fee is \$61.25
 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000021267
 01/29/04-80101-017 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FREY, CAMILLE 1401 S MCCALL RD #207B ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STENGER, JOHN 407 E. MARION AVE., #101 MR. OAKS PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SEWELL, DIXIE 1401 S. MCCALL RD #302-A ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 *Camille G. Frey* Jan 25, 2004 941-766-0635
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #