


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90123 027 ****61.25

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		
2. Principal Place of Business		3. Mailing Address		 04292005 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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			7. Name and Address of New Registered Agent		
KEUKER, OSCAR A. F. 1931 TAMiami TRAIL, STE. 4 PORT CHARLOTTE, FL 33948-2937			Name OSCAR A. F. KEUKER Street Address (P.O. Box Number is Not Acceptable) 1931 TAMiami TR STE 12 City PORT CHARLOTTE FL Zip Code 33948		
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 OSCAR A. F. KEUKER				DATE 4-29-05	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREY, CAMILLE		NAME		
STREET ADDRESS	1401 S MCCALL RD #207B		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD, FL 34223		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STENGER, JOHN		NAME		
STREET ADDRESS	407 E. MARION AVE., #101 MR. OAKS		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 33950		CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEWELL, DIXIE		NAME		
STREET ADDRESS	1401 S. MCCALL RD #302-A		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD, FL 34223		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	ROSARIO BARTOLI	
STREET ADDRESS			STREET ADDRESS	1401 S. MCCALL RD	
CITY-ST-ZIP			CITY-ST-ZIP	ENGLEWOOD FL 34223	UNIT 308A
TITLE		<input type="checkbox"/> Delete	TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	GERALD EISENBERG	
STREET ADDRESS			STREET ADDRESS	1401 S. MCCALL RD UNIT 105A	
CITY-ST-ZIP			CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 titles empowered.					
SIGNATURE: 		POSARIO BARTOLI PRES		DATE 4-29-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE	
				Daytime Phone #	