


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2006 08:00 AM**  
**Secretary of State**

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



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



03082006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**65-0146484**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

c. Name and Address of Current Registered Agent  
  
**KEUKER, OSCAR A. F.**  
**1931 TAMiami TRAIL, STE. 12**  
**PORT CHARLOTTE, FL 33948**

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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 date if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2006**      9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

UN00000472515  
03/29/06-80039-021 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	STENGER, JOHN
STREET ADDRESS	407 E. MARION AVE., #101 MR. OAKS
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	PO
NAME	BARTOLI, ROSARIO
STREET ADDRESS	1401 S MCCALL RD #308A
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	STD
NAME	EISENBEIS, GERALD
STREET ADDRESS	1401 S MCCALL RD #105A
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Rosario Bartoli*      3-1306  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #