


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90052 014 ****61.25

DOCUMENT # N20707 1. Entity Name LEMON BAYVIEW VILLAS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 508 N INDIANA AVE ENGLEWOOD, FL 34223			Mailing Address 508 N INDIANA AVE ENGLEWOOD, FL 34223		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2806190 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
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		
MOORE, ROBERT L. 227 NOKOMIS AVENUE SOUTH VENICE, FL 33595			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	TD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACLAY, ROBERT		NAME	Tsolinas, Peter	
STREET ADDRESS	5095 N BEACH RD UNIT B1		STREET ADDRESS	59 W. Seegers Road	
CITY-ST-ZIP	ENGLEWOOD, FL 34223o		CITY-ST-ZIP	Arlington Heights, IL 60005	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTNICK, WALTER		NAME		
STREET ADDRESS	717 BRYAN LAKE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LINDEN, MI 48451		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	V.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEISER, BETTY		NAME	Keiser, Betty	
STREET ADDRESS	5516 SOUTH MAIN ST		STREET ADDRESS	5516 South Main St.	
CITY-ST-ZIP	EMINENCE, KY 40019		CITY-ST-ZIP	Eminence, KY 40019	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAVOR, NICK		NAME	Javor, Nick	
STREET ADDRESS	122 ROCKLAND DR		STREET ADDRESS	9310 Boca Grande Ave.	
CITY-ST-ZIP	MAMARONECK, NY 10543		CITY-ST-ZIP	ENGLEWOOD, FL 34224	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONKLIN, LILLIUS		NAME		
STREET ADDRESS	1271 S. FALCON DR.		STREET ADDRESS		
CITY-ST-ZIP	PALATINE, IL 60067		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TSOLINES, FRANCES		NAME		
STREET ADDRESS	123 JOAN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BARRINGTON, IL 60010		CITY-ST-ZIP		
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: <i>Robert D. MacLay Treasurer</i>			2-2-06 941 475-6050		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		