

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2007 8:00 am
Secretary of State

06-15-2007 90022 006 ****61.25

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06122007 Chg-NP CR2E037 (12/06)

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2806190	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOORE, ROBERT L. 227 NOKOMIS AVENUE SOUTH VENICE, FL 33595				7. Name and Address of New Registered Agent 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 September 14, 2007		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 <input checked="" type="checkbox"/> <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	D TSOLINAS, PETER 59 W SEEGRS RD ARLINGTON HEIGHTS, IL 60005		TITLE <input checked="" type="checkbox"/> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	VD Robert Mackay 5095 N. Beach Rd Unit B-1 Englewood, FL 34223	
TITLE <input checked="" type="checkbox"/> <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	PD BARTNICK, WALTER 717 BRYAN LAKE DRIVE LINDEN, MI 48451		TITLE <input checked="" type="checkbox"/> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	PD KEISER, BETTY 5516 SOUTH MAIN ST EMINENCE, KY 40019	
TITLE <input checked="" type="checkbox"/> <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	VB JAVOR, NICK 122 ROCKLAND DR MAMARONECK, NY 10543		TITLE <input checked="" type="checkbox"/> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	D CONKLIN, LILLIUS 1271 S. FALCON DR. PALATINE, IL 60067	
TITLE <input checked="" type="checkbox"/> <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	SD TSOLINES, FRANCES 123 JOAN DRIVE BARRINGTON, IL 60010		TITLE <input type="checkbox"/> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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: <u>Robert H. Mackay Treasurer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 6-15-07 Daytime Phone # 941 475-6050		