2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # N20707

1. Entity Name
LEMON BAYVIEW VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
508 N INDIANA AVE ENGLEWOOD, FL 34223	508 N INDIANA AVE ENGLEWOOD, FL 34223

DO NOT WRITE IN THIS SPACE

01272008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2806190
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MOORE, ROBERT L.
227 NOKOMIS AVENUE SOUTH
VENICE, FL 33595

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, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	TSOLINAS, PETER
STREET ADDRESS	59 W SEEGERS RD
CITY-ST-ZIP	ARLINGTON HEIGHTS, IL 60005
TITLE	TD
NAME	MACKAY, ROBERT
STREET ADDRESS	5095 N BEACH RD UNIT B-1
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	PD
NAME	KEISER, BETTY
STREET ADDRESS	5516 SOUTH MAIN ST.
CITY-ST-ZIP	EMINENCE, KY 40019
TITLE	D
NAME	JAVOR, NICK
STREET ADDRESS	122 ROCKLAND DR
CITY-ST-ZIP	MAMARONECK, NY 10543
TITLE	SD
NAME	TSOLINES, FRANCES
STREET ADDRESS	123 JOAN DRIVE
CITY-ST-ZIP	BARRINGTON, IL 60010
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000813203
02/12/08-80079-022 61.25

DO NOT WRITE IN THIS SPACE

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: Robert W. Mackay Treasurer 1-31-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #