2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20707

FILED Apr 14, 2009 Secretary of State

Entity Name: LEMON BAYVIEW VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 508 N INDIANA AVE 514 N INDIANA AVE ENGLEWOOD, FL 34223 ENGLEWOOD, FL 34223 **Current Mailing Address: New Mailing Address:** 508 N INDIANA AVE 514 N INDIANA AVE ENGLEWOOD, FL 34223 ENGLEWOOD, FL 34223 FEI Number: 59-2806190 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MOORE, ROBERT L ATRIUM CAM 227 NOKOMIS AVENUE SOUTH 514 N. INDIANA AVE VENICE, FL 33595 ENGLEWOOD, FL 34223 US 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. SIGNATURE: BRIAN CARTLAND 04/14/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Delete () Change () Addition TSOLINAS, PETER Name: Name: 59 W SEEGERS RD Address: Address: City-St-Zip: ARLINGTON HEIGHTS, IL 60005 City-St-Zip: Title: TD () Delete Title: (X) Change () Addition MACKAY, ROBERT Name: MACLAY, ROBERT Name: Address: 5095 N BEACH RD UNIT B-1 Address: 5095 N BEACH RD UNIT B-1 City-St-Zip: ENGLEWOOD, FL 34223 City-St-Zip: ENGLEWOOD, FL 34223 Title: PD () Delete Title: VD (X) Change () Addition KEISER, BETTY KEISER, BETTY Name: Name: 5516 SOUTH MAIN ST Address: 5516 SOUTH MAIN ST Address: City-St-Zip: EMINENCE, KY 40019 City-St-Zip: EMINENCE, KY 40019 () Delete Title: Title: () Change () Addition Name: JAVOR, NICK Name: Address: 122 ROCKLAND DR Address: City-St-Zip: MAMARONECK, NY 10543 City-St-Zip: Title: () Delete Title: PΠ (X) Change () Addition TSOLINES, FRANCES TSOLINES, FRANCES Name: Name: 123 JOAN DRIVE 123 JOAN DRIVE Address: Address: BARRINGTON, IL 60010 City-St-Zip: BARRINGTON, IL 60010 City-St-Zip: Title: () Delete Title: () Change (X) Addition BERNARD, LINDA Name: Name: Address: Address: 3729 EAGLE HAMMOCK DRIVE SARASOTA, FL 34240 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT D MACLAY TD 04/14/2009