
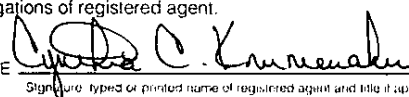
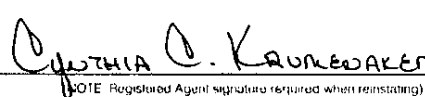


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90016 014 ****61.25

DOCUMENT # N95000001293					
1. Entity Name LEMON BAY VIEW EAST CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 53 BAY HEIGHTS ENGLEWOOD FL 34223			Mailing Address C/O ANTARES GROUP, INC. P.O. BOX 8065 NORTH PORT FL 34287 US		
2. Principal Place of Business		3. Mailing Address 495 S. Tamiami Trail, PMB#173			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Venice, FL		4. FEI Number 65-0622194	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34293		Country USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent ANTARES GROUP, INC. 760 SUGARWOOD WAY VENICE FL 34292			7. Name and Address of New Registered Agent		
Name Antares Group, Inc.			Street Address (P.O. Box Number is Not Acceptable) 495 S. Tamiami Trail, PMB#173		
City Venice			State FL		
Zip Code 34293					
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 		SIGNATURE 		DATE 02-01-06	
FILE NOW: 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 NAME STREET ADDRESS CITY-ST-ZIP	STD BARTHA, JOSEPHINE 53 BAY HEIGHTS RD #207 ENGLEWOOD FL 34223	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, BETTY 53 BAY HEIGHTS RD # 307 ENGLEWOOD FL 34223	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Carolyn Green 53 Bay Heights Road, #402 Englewood, FL 34223	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOUSER, BARBARA 1183 LARCHMONT DR ENGLEWOOD FL 34223	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HUDSON, ELMER 53 BAY HEIGHTS RD. #403 ENGLEWOOD FL 34223	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHNEIDER, DONALD 53 BAY HEIGHTS RD # 302 ENGLEWOOD FL 34223	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KRUMANAKER, CYNTHIA 760 SUGARWOOD WAY VENICE FL 34292	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 495 S. Tamiami Trail, PMB#173 Venice, FL 34293	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Elmer Hudson