

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001293

FILED
Jan 05, 2011
Secretary of State

Entity Name: LEMON BAY VIEW EAST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

53 W. BAY HEIGHTS
ENGLEWOOD, FL 34223

New Principal Place of Business:

Current Mailing Address:

C/O ATRIUM CAM INC.
514 NORTH INDIANA AVENUE
ENGLEWOOD, FL 34223 US

New Mailing Address:

FEI Number: 65-0622194

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ATRIUM CAM INC.
514 NORTH INDIANA AVENUE
ENGLEWOOD, FL 34223 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: STD
Name: BARTHA, JOSEPHINE
Address: 53 W. BAY HEIGHTS RD #207
City-St-Zip: ENGLEWOOD, FL 34223

Title: D
Name: GRIFFITH, BUD
Address: 53 W. BAY HEIGHTS RD #204
City-St-Zip: ENGLEWOOD, FL 34223

Title: D
Name: MICKUNAS, DENNIS
Address: 53 W. BAY HEIGHTS RD #206
City-St-Zip: ENGLEWOOD, FL 34223

Title: VPD
Name: HUDSON, ELMER
Address: 53 W. BAY HEIGHTS RD. #403
City-St-Zip: ENGLEWOOD, FL 34223

Title: PD
Name: SCHNEIDER, DONALD
Address: 53 W. BAY HEIGHTS RD # 302
City-St-Zip: ENGLEWOOD, FL 34223

Title: MGR
Name: CARLAND, BRIAN
Address: 514 NORTH INDIANA AVENUE
City-St-Zip: ENGLEWOOD, FL 34223

I hereby 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 all other like empowered.

SIGNATURE: DONALD J SCHNEIDER

MR.

01/05/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date