| PORT CHARLOTTE, FL 33948 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  | : OSCAR A F KEUKER                       |                 |                         | 03/02/2019 |
|  | Electronic Signature of Registered Agent |                 |                         | Date       |
| Officer/Director Detail :  |  |                 |                         |            |
| Title  | D  | Title           | PD                      |            |
| Name   | PATEL, DIPAKKUMAR                        | Name            | ROSS, REBECCA           |            |
| Address  | 2073 SO MCCALL RD                        | Address         | 1401 S MCCALL RD #305A  |            |
| City-State-Zip:  | ENGLEWOOD FL 34224                       | City-State-Zip: | ENGLEWOOD FL 34223      |            |
| Title  | STD                                      | Title           | D                       |            |
| Name   | EASTMAN, THOMAS                          | Name            | VAN OFLEN, THOMAS A     |            |
| Address  | 1401 S MCCALL RD #302B                   | Address         | 1401 SO MCCALL RD #201B |            |
| City-State-Zip:  | ENGLEWOOD FL 34223                       | City-State-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.

PRES

#### SIGNATURE: REBECCA ROSS

Electronic Signature of Signing Officer/Director Detail

# 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07414

#### Entity Name: LEMON BAY BREEZES MASTER ASSOCIATION, INC.

## **Current Principal Place of Business:**

1401 MCCALL ROAD, UNIT 309A ENGLEWOOD, FL 34223

#### **Current Mailing Address:**

1401 MCCALL ROAD, UNIT 309A ENGLEWOOD. FL 34223

### FEI Number: 65-0146484

## Name and Address of Current Registered Agent:

KEUKER, OSCAR A F 1931 TAMIAMI TRAIL, STE. 12 PORT CHA

# FILED Mar 02, 2019 Secretary of State 1514749882CC

Certificate of Status Desired: No

03/02/2019

Date