

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726533 (3)
1. Corporation Name
LIMETREE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **10128 43RD DRIVE SOUTH BOYNTON BEACH FL 33436**
Mailing Address: **10128 43RD DRIVE SOUTH BOYNTON BEACH FL 33436**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		05/29/1973	04/05/1995
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For / Not Applicable
22		27		59-1758088	
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**LEVINE, JAY STEVEN
LEVINE AND FRANK, P.A.
3300 PGA BLVD., SUITE 800
PALM BEACH GARDENS FL 33410**

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	
		FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____
Signature, typed or printed name of registered agent and the filer (if applicable) (NOTE: Registered Agent signature required when terminating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALLARD, LAWRENCE L.	1.2 NAME	
STREET ADDRESS	10146 41 TERRACE S.	1.3 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BEACH FL	1.4 CITY - ST - ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOPPELMAN, WILLIAM H.	2.2 NAME	
STREET ADDRESS	10124 45 WAY S.	2.3 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BEACH FL	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, ROY	3.2 NAME	
STREET ADDRESS	10124 45TH AVENUE SOUTH	3.3 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BEACH FL	3.4 CITY - ST - ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, PATRICIA	4.2 NAME	
STREET ADDRESS	10144 44TH WAY SOUTH	4.3 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BEACH FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, PAUL	5.2 NAME	
STREET ADDRESS	10115 43 TRAIL S.	5.3 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BEACH FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRONSKY, PAUL	6.2 NAME	
STREET ADDRESS	10143 42 DR	6.3 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BCH FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *William H. Koppelman* **William H. Koppelman** 03/12/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
(407)737-6797

CR2E037 (12/95)