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Jan 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 Mailing Address
10128 43RD DRIVE SOUTH BOYNTON BEACH FL 33436
10128 43RD DRIVE SOUTH BOYNTON BEACH FL 33436-4203

3. Date Incorporated or Qualified 05/29/1973
3a. Date of Last Report 03/18/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-1758088 Applied For Not Applicable
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---------|---|-----------------|
| TITLE PD | DELETED | 1.1 TITLE PD | Change Addition |
| NAME BALLARD, LAWRENCE L. | | 1.2 NAME William H. Koppelman | |
| STREET ADDRESS 10146 41 TERRACE S. | | 1.3 STREET ADDRESS 10124 45 WAY SO. | |
| CITY-ST-ZIP BOYNTON BEACH FL | | 1.4 CITY-ST-ZIP Boynton Beach, FL 33436 | |
| TITLE VPD | DELETED | 2.1 TITLE VPD | Change Addition |
| NAME KOPPELMAN, WILLIAM H. | | 2.2 NAME Franklin Klowping | |
| STREET ADDRESS 10124 45 WAY S. | | 2.3 STREET ADDRESS 10124 46 Avenue So. | |
| CITY-ST-ZIP BOYNTON BEACH FL | | 2.4 CITY-ST-ZIP Boynton Beach, FL 33436 | |
| TITLE TD | DELETED | 3.1 TITLE | Change 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 | DELETED | 4.1 TITLE SD | Change Addition |
| NAME HART, PATRICIA | | 4.2 NAME Paul Pronsky | |
| STREET ADDRESS 10144 44TH WAY SOUTH | | 4.3 STREET ADDRESS 10143 42 Drive So. | |
| CITY-ST-ZIP BOYNTON BEACH FL | | 4.4 CITY-ST-ZIP Boynton Beach, FL 33436 | |
| TITLE D | DELETED | 5.1 TITLE D | Change Addition |
| NAME RUSSELL, PAUL | | 5.2 NAME Irwin Jenkins | |
| STREET ADDRESS 10115 43 TRAIL S. | | 5.3 STREET ADDRESS 10087 45 Trail So. | |
| CITY-ST-ZIP BOYNTON BEACH FL | | 5.4 CITY-ST-ZIP Boynton Beach, FL 33436 | |
| TITLE D | DELETED | 6.1 TITLE D | Change Addition |
| NAME PRONSKY, PAUL | | 6.2 NAME John Robinson | |
| STREET ADDRESS 10143 42 DR | | 6.3 STREET ADDRESS 10144 42 Way So. | |
| CITY-ST-ZIP BOYNTON BCH FL | | 6.4 CITY-ST-ZIP Boynton Beach, FL 33436 | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William H. Koppelman 01/10/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0042429

CR2E037 (9/96)