


FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90075 031 ****61.25

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

| | | | | | |
|---|---|---|--|---|--|
| DOCUMENT # 726533 | | | |  | |
| 1. Entity 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 | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-1758088 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| LEVINE, JAY S 2500 N MILITARY TRAIL #275 Suite 490 PALM BEACH GARDENS, FL 33431 BOCA RATON FL 33431 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 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 | PD KOPPELMAN, WILLIAM M 10124 45 WAY S BOYNTON BEACH, FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Zip Code 33436 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPS SMITH, PATRICIA A 10101 44 DRIVE SO BOYNTON BEACH, FL 33436 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Director | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V ABRAMS, IRENE 10159 42 TERRACE SO BOYNTON BEACH, FL 33436 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP MCMURRAY, JAMES 10124 42ND WAY S. BOYNTON BEACH FL 33436 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WHITEHOUSE, ROBERT 10082 42 TERRACE SO BOYNTON BEACH, FL 33436 | <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 | T KELLY, DOROTHY 10146 42 TERRACE SO BOYNTON BEACH, FL 33436 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S RUSSELL, CONSTANCE M. 10145 42ND AVE S. BOYNTON BEACH FL 33436 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T KELLY, DOROTHY 10146 42 TERRACE SO BOYNTON BEACH, FL 33436 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D MILLER, GEROGE 10130 40TH TRAIL S. BOYNTON BEACH FL 33436 | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Florida Statute 617.03(3) and 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: <i>William H. Koppelman</i> | | | 3-23-05 (561) 737-6797 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |