720533

(Requestor's Name)	
(Address)	
·	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	
	\neg
Special Instructions to Filing Officer:	

Office Use Only



800208264448

800208264448 06/03/11--01028--001 **35.00

11 IIII -3 AM 8: 46

SECRETARY OF STAIL BIVISION OF CORPORATIONS

RARDICAS (a) 4/8/11

BECKER & POLIAKOFF

Bank of America Center 625 N. Flagler Drive, 7th Floor West Palm Beach, Florida 33401 Phone: (561) 655-5444 Fax: (561) 832-8987

ADMINISTRATIVE OFFICE 3111 STIRLING ROAD FORT LAUDERDALE, FL 33312

954.987.7550

May 31, 2011

Reply To: West Palm Beach Kenneth S. Direktor, Esq. Direct dial: (561) 820-2880 KDirektor@becker-poliakoff.com

WWW.BECKER-POLIAKOFF.COM BP@BECKER-POLIAKOFF.COM

> Corporate Records Bureau Division of Corporations Department of State P.O. Box 6327 Tallahassee, FL 32314

Limetree Condominium Association, Inc.; Statement of Change of Registered Office or Registered Agent Or Both For Corporations

FLORIDA OFFICES

BOCA RATON FORT MYERS

FORT WALTON BEACH

HOLLYWOOD

HOMESTEAD

MELBOURNE

MIAMI

NAPLES ORLANDO

PORT ST. LUCIE

SARASOTA

TALLAHASSEE

TAMPA BAY

WEST PALM BEACH

Dear Sir/Madam:

Enclosed please find an executed Statement of Change of Registered Office or Registered Agent form for the above-referenced Association, as well as a check in the amount of \$35.00 to cover the filing fee cost.

If you have any questions or require anything further, please do not hesitate to contact me. Thank you in advance for your prompt attention to this matter.

Very truly אפע

KENNETH S. DIREKTOR

For the Firm

U.S. & GLOBAL OFFICES

RAHAMAS

NEW JERSEY

NEW YORK CITY

PARIS * PRAGUE

TEL AVIV *

Enclosures

KSD/tr

CC: Limetree Condominium Association, Inc.

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

To the Secretary of State of the State of Florida.

Pursuant to the provision of Sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida submits the following statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida.

- 1. The name of the corporation is Limetree Condominium Association, Inc.
- 2. The mailing address of the corporation is: 10128 43rd Drive South, Boynton Beach, FL 33436
- 3. Date of incorporation/qualification: 05/29/1973 Document number: 726533
- 4. The name and address of the current registered agent and office

Jay S. Levine, 2500 N. Military Trail, #275, Suite 490, Boca Raton, FL 33431

5. The name and address of the new registered agent and/or registered office is: Becker & Poliakoff P.A., 625 North Flagler Drive 7th Floor, West Palm Beach, FL 33401

The street address of its registered office and the address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board..

John Fertig (Treasurer)	5/24/2011
(signature of an officer, chairman or vice anairman of the Board)	(Date)
July July	
(Printed or typed name and title)	
Having been named as registered agent and to accept service of pro-	
hereby accept the appointment as registered agent and agree to a	• • • • •
comply with the provisions of all statutes relative to the proper and comply with the provisions of all statutes relative to the proper and comply with the provisions of all statutes relative to the proper and comply with the provisions of all statutes relative to the proper and comply with the provisions of all statutes relative to the proper and comply with the provisions of all statutes relative to the proper and comply with the provisions of all statutes relative to the proper and comply with the provisions of all statutes relative to the proper and comply with the provisions of all statutes relative to the proper and comply with the provisions of all statutes relative to the proper and comply with the provision of the proper and comply with the provision of the proper and comply with the provision of the proper and comply with the proper and	• • •
am familiar with and accept the obligation of my position as registere	ed agent.
Medde	5/31/2011
(Signature of Registered Agent)	(Date)
10.1	
If signing on behalf of an entity:	
MARTHA PLATTS ATTORNEY	931/11
(Typed or Printed Name) (Capacity)	(Date)
• ** FILING FEE: \$35.00	***
• Division of Corporations P. O. Box 6327	Tallahassee, FL 32314
ACTIVE: 3367118_I	•