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Jan 23 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 # N02116 (4)
1. Corporation Name
LIME TREE VILLAGE COMMUNITY CLUB ASSOCIATION, IN C.



Principal Place of Business: 5303 GATEWAY AVE ORLANDO FL 32821
Mailing Address: 5303 GATEWAY AVE ORLANDO FL 32821-8211

3. Date Incorporated or Qualified: 03/22/1984
3a. Date of Last Report: 01/29/1996

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22, 27
City & State: 23, 28
Zip: 24, 25; Country: 29, 30

4. FEI Number: 59-2440601
Applied For: Not Applicable
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
BECKER & POLIAKOFF, P.A.
C/O JOHN CHRISTENSEN, ESQ.
500 WINDERLEY PLACE, SUITE 104
MAITLAND FL 32751

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE: P	<input checked="" type="checkbox"/> DELETE
NAME: LEINWEBER, YETTA	
STREET ADDRESS: 5214 CHICORY CIRCLE	
CITY-ST-ZIP: ORLANDO FL	
TITLE: P	<input type="checkbox"/> DELETE
NAME: SHORIAK, JOHN	
STREET ADDRESS: 10136 DONHILL COURT	
CITY-ST-ZIP: ORLANDO FL	
TITLE: T	<input checked="" type="checkbox"/> DELETE
NAME: MILLER, JO-ANNE	
STREET ADDRESS: 10108 BLUFF COURT	
CITY-ST-ZIP: ORLANDO FL	
TITLE: D	<input checked="" type="checkbox"/> DELETE
NAME: MACKELL, PEGGY	
STREET ADDRESS: 10321 KINGBROOK LANE	
CITY-ST-ZIP: ORLANDO FL	
TITLE: D	<input checked="" type="checkbox"/> DELETE
NAME: ROTHBURN, SIDNEY	
STREET ADDRESS: 10642 BELLFLOWER COURT	
CITY-ST-ZIP: ORLANDO FL	
TITLE: D	<input type="checkbox"/> DELETE
NAME: SCOPA, FRANCIS	
STREET ADDRESS: 10313 HIDDEN LANE	
CITY-ST-ZIP: ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME: Corwin, Seymour	
1.3 STREET ADDRESS: 5242 Mayapple Circle	
1.4 CITY-ST-ZIP: Orlando, Fl 32821	
2.1 TITLE: T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME: Leuchs, Helen	
2.3 STREET ADDRESS: 10640 Deergrass Lane	
2.4 CITY-ST-ZIP: Orlando, Fl 32821	
3.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME: Johnston, Kenneth	
3.3 STREET ADDRESS: 10140 Fairtree Lane	
3.4 CITY-ST-ZIP: Orlando, Fl 32821	
4.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME: Kammerer, Henry	
4.3 STREET ADDRESS: 10421 Jutland Court	
4.4 CITY-ST-ZIP: Orlando, Fl 32821	
5.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME: Reilly, Ray	
5.3 STREET ADDRESS: 10412 Hidden Lane	
5.4 CITY-ST-ZIP: Orlando, Fl 32821	
6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME:	
6.3 STREET ADDRESS:	
6.4 CITY-ST-ZIP:	

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 in an attachment with an address.

SIGNATURE: *John J. Sharish* 1/19/96 351-3551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0017545

CR2E037 (9/96)