

FILE NOW: FILING FEE IS \$61.25

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**Feb 03 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N02116 (4)
1. Corporation Name
LIME TREE VILLAGE COMMUNITY CLUB ASSOCIATION, INC.

Principal Place of Business 5303 GATEWAY AVE ORLANDO FL 32821	Mailing Address 5303 GATEWAY AVE ORLANDO FL 32821
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21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Zip	25 Country
29 Zip	30 Country

3. Date Incorporated or Qualified 03/22/1984	
4. FEI Number 59-2440601	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	CORWIN, SEYMOUR	
STREET ADDRESS	5242 MAYAPPLE CIR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SHORIAK, JOHN	
STREET ADDRESS	10136 DONHILL COURT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSTON, KENNETH	
STREET ADDRESS	10140 FAIRTREE LN	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KAMMERER, HENRY	
STREET ADDRESS	10421 JUTLAND CT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	REILLY, RAY	
STREET ADDRESS	10412 HIDDEN LN	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" 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	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Charles P LaDue	
1.3 STREET ADDRESS	10112 Allenby Court	
1.4 CITY-ST-ZIP	Orlando, FL 32821	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Evelyn Corwin	
2.3 STREET ADDRESS	5242 Mayapple Cir	
2.4 CITY-ST-ZIP	Orlando, FL 32821	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Wanda Daigle	
3.3 STREET ADDRESS	10611 Deergrass Lane	
3.4 CITY-ST-ZIP	Orlando, FL 32821	
4.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Marion Steiner	
4.3 STREET ADDRESS	10307 Hidden Lane	
4.4 CITY-ST-ZIP	Orlando, FL 32821	
5.1 TITLE	Treas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Shirley Meyers	
5.3 STREET ADDRESS	10618 Bellflower Court	
5.4 CITY-ST-ZIP	Orlando, FL 32821	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	John Kenney	
6.3 STREET ADDRESS	10608 Deergrass Lane	
6.4 CITY-ST-ZIP	Orlando, FL 32821	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.0507(3)(f), 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: _____ **REQUIRED** 1/14/98 407 351-9995

CR2E037 (10/97)