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FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90029 016 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N02116

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

274388-90074-86



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/22/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2440601
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	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

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
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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 resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	DELETED	1.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LADUE, CHARLES P		1.2 NAME Doug Graham	
STREET ADDRESS 10112 ALLENBY CT		1.3 STREET ADDRESS 10120 Bluff Court	
CITY-ST-ZIP ORLANDO FL 32821		1.4 CITY-ST-ZIP Orlando, FL 32821	
TITLE VP	DELETED	2.1 TITLE Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CORWIN, EVELYN		2.2 NAME Shirley Meyers	
STREET ADDRESS 5242 MAYAPPLE CIR		2.3 STREET ADDRESS 10618 Bellflower Court	
CITY-ST-ZIP ORLANDO FL 32821		2.4 CITY-ST-ZIP Orlando, FL 32821	
TITLE D	DELETED	3.1 TITLE Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOHNSTON, KENNETH		3.2 NAME William Miller	
STREET ADDRESS 10140 FAIRTREE LN		3.3 STREET ADDRESS 10108 Bluff Court	
CITY-ST-ZIP ORLANDO FL		3.4 CITY-ST-ZIP Orlando, FL 32821	
TITLE D	DELETED	4.1 TITLE Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DAIGLE, WANDA		4.2 NAME Frank Castellano	
STREET ADDRESS 10611 DEERGRASS LANE		4.3 STREET ADDRESS 10157 Bluff Court	
CITY-ST-ZIP ORLANDO FL 32821		4.4 CITY-ST-ZIP Orlando, FL 32821	
TITLE S	DELETED	5.1 TITLE Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME STEINER, MARION		5.2 NAME Agnes Hill	
STREET ADDRESS 10307 HIDDEN LANE		5.3 STREET ADDRESS 10404 Jutland Court	
CITY-ST-ZIP ORLANDO FL 32821		5.4 CITY-ST-ZIP Orlando, FL 32821	
TITLE D	DELETED	6.1 TITLE Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KENNEY, JOHN		6.2 NAME Lillian Kaufman	
STREET ADDRESS 10608 DEERGRASS LANE		6.3 STREET ADDRESS 5120 Gateway Avenue	
CITY-ST-ZIP ORLANDO FL 32821		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 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, with all other like empowered.

SIGNATURE: *Doug Graham* Doug Graham

3/24/99

407-658-6444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)