


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N02116 1. Entity 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	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/07)

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. Name and Address of Current Registered Agent LARSON & ASSOC.,PA, RICHARD LARSON 55 EAST PINE STREET ORLANDO FL 32801				7. Name and Address of New Registered Agent			
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 _____ DATE _____

(NOTE: Registered Agent signature required when re-instating)

FILE NOW: FEE IS \$61.25 Due By: May 1, 2008	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
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	JARRELLS, JAMES J	<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10426 INDIES CT		NAME			
STREET ADDRESS		ORLANDO FL 32821		STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	VP	CLIPP, JIM	<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10104 CROWN CT		NAME			
STREET ADDRESS		ORLANDO FL 32821		STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	T	PURDY, MARTHA	<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10113 DONHILL COURT		NAME			
STREET ADDRESS		ORLANDO FL 32821		STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	D	MILLER, WILLIAM	<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10108 BLUFF COURT		NAME			
STREET ADDRESS		ORLANDO FL 32821		STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	S	GLASER, GWEN	<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5225 TAVEL STREET		NAME			
STREET ADDRESS		ORLANDO FL 32821		STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	D	COLE, MARIA	<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10110 CROWN COURT		NAME			
STREET ADDRESS		ORLANDO FL 32821		STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify 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: James J Jarrells 02-16-08 467-356-3551