

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 726533

**FILED  
Mar 26, 2019  
Secretary of State  
5494041780CC**

**Entity Name:** LIMETREE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

10128 43RD DRIVE SOUTH  
BOYNTON BEACH, FL 33436

**Current Mailing Address:**

10128 43RD DRIVE SOUTH  
BOYNTON BEACH, FL 33436

**FEI Number: 59-1758088**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

BECKER & POLIAKOFF, P.A.  
625 NORTH FLAGLER DRIVE - 7TH FLOOR  
WEST PALM BEACH, FL 33401 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            EVANS, ROBERT  
Address        10128 43RD DRIVE SOUTH  
City-State-Zip: BOYNTON BEACH FL 33436

Title            TREASURER  
Name            VERDUCI, BRIE  
Address        10128 43RD DRIVE SOUTH  
City-State-Zip: BOYNTON BEACH FL 33436

Title            SECRETARY  
Name            LILLI, LORA  
Address        10128 43RD DRIVE SOUTH  
City-State-Zip: BOYNTON BEACH FL 33436

Title            VP  
Name            BROWN, GERRY  
Address        10128 43RD DRIVE SOUTH  
City-State-Zip: BOYNTON BEACH FL 33436

Title            DIRECTOR  
Name            HIGGINS, PAT  
Address        10128 43RD DRIVE SOUTH  
City-State-Zip: BOYNTON BEACH FL 33436

Title            DIRECTOR  
Name            COHEN, LARRY  
Address        10128 43RD DRIVE SOUTH  
City-State-Zip: BOYNTON BEACH FL 33436

Title            DIRECTOR  
Name            MAHON, PATRICIA  
Address        10128 43RD DRIVE SOUTH  
City-State-Zip: BOYNTON BEACH FL 33436

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: LORA LILLI**

**SECRETARY**

**03/26/2019**

Electronic Signature of Signing Officer/Director Detail

Date