

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N02116

**Entity Name:** LIME TREE VILLAGE COMMUNITY CLUB ASSOCIATION, INC.

**Current Principal Place of Business:**

5303 GATEWAY AVE.  
ORLANDO, FL 32821

**Current Mailing Address:**

5303 GATEWAY AVE  
ORLANDO, FL 32821 US

**FEI Number:** 59-2440601

**Certificate of Status Desired:** No

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

LAW OFFICES OF JOHN L. DIMASI  
801 NO. ORANGE AVE  
SUITE 500  
ORLANDO, FL 32801 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:** JOHN L. DIMASI P.A.

07/15/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GADD, BETTY  
Address        5303 GATEWAY AVE  
City-State-Zip: ORLANDO FL 32821

Title            VP  
Name            JARRELLS, JACK  
Address        5303 GATEWAY AVE  
City-State-Zip: ORLANDO FL 32821

Title            2ND VICE PRESIDENT  
Name            LAWRENCE, WARREN  
Address        5303 GATEWAY AVE  
City-State-Zip: ORLANDO FL 32821

Title            SECRETARY  
Name            GROSS, EMANUEL  
Address        5303 GATEWAY AVE  
City-State-Zip: ORLANDO FL 32821

Title            TREASURER  
Name            STERMAN, CAMILLE  
Address        5303 GATEWAY AVE  
City-State-Zip: ORLANDO FL 32821

Title            DIRECTOR 1  
Name            DORAN, SALLY  
Address        5303 GATEWAY AVE  
City-State-Zip: ORLANDO FL 32821

Title            DIRECTOR 2  
Name            GLASER, GWENDOLYN  
Address        5303 GATEWAY AVE  
City-State-Zip: ORLANDO FL 32821

Title            DIRECTOR 3  
Name            BARRETO, RITA  
Address        5303 GATEWAY AVE  
City-State-Zip: ORLANDO FL 32821

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*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:** BETTY GADD

PRESIDENT

07/15/2015

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR 4  
Name            PURDY, MARTHA  
Address        5303 GATEWAY AVE  
City-State-Zip: ORLANDO FL 32821