

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02116

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

**FILED**  
**Jan 06, 2020**  
**Secretary of State**  
**3790796219CC**

**Current Principal Place of Business:**

5303 GATEWAY AVENUE  
ORLANDO, FL 32821

**Current Mailing Address:**

5303 GATEWAY AVENUE  
ORLANDO, FL 32821 US

**FEI Number:** 59-2440601

**Certificate of Status Desired:** Yes

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

FINN, LUCY A  
10131 EVENTIDE COURT  
ORLANDO, FL 32821 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:** LUCY A FINN

01/06/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name MASIH, SILAS  
Address 5303 GATEWAY AVENUE  
City-State-Zip: ORLANDO FL 32821

Title SECRETARY  
Name POWELL, CINDY  
Address 5303 GATEWAY AVENUE  
City-State-Zip: ORLANDO FL 32821

Title TREASURER  
Name FINN, LUCY A  
Address 5303 GATEWAY AVENUE  
City-State-Zip: ORLANDO FL 32821

Title DIRECTOR  
Name MAGO, URBANO  
Address 5303 GATEWAY AVENUE  
City-State-Zip: ORLANDO FL 32821

Title DIRECTOR  
Name PARRA, DIEGO  
Address 5303 GATEWAY AVENUE  
City-State-Zip: ORLANDO FL 32821

Title DIRECTOR  
Name DORIO, JILDA  
Address 5303 GATEWAY AVENUE  
City-State-Zip: ORLANDO FL 32821

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

*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:** CAMILLE STERMAN

PRESIDENT

01/06/2020

Electronic Signature of Signing Officer/Director Detail

Date