Title	DIRECTOR	Title	DIRECTOR
Name	GLASER, GWENDOLYN	Name	CHAMBERLAIN, K
Address	620 N WYMORE RD SUITE 240	Address	620 N WYMORE R SUITE 240
City-State-Zip:	MAITLAND FL 32751	City-State-Zip:	MAITLAND FL 32
		Continues o	n nage 2
		Continues o	n page z
oath; that I am an offi	e information indicated on this report or supplemental report is true and accura ser or director of the corporation or the receiver or trustee empowered to execu ament with all other like empowered.	te and that my electron	ic signature shall have the s

DOCUMENT# N02116 Entity Name: LIME TREE VILLAGE COMMUNITY CLUB ASSOCIATION, INC.

# **Current Principal Place of Business:**

620 N WYMORE RD SUITE 240 MAITLAND. FL 32751

## **Current Mailing Address:**

620 N WYMORE RD SUITE 240 MAITLAND, FL 32751 US

## FEI Number: 59-2440601

## Name and Address of Current Registered Agent:

MAHNKE, ALICE F 620 N WYMORE RD SUITE 240 MAITLAND, FL 32751 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	ALICE F MAHNKE			01/21/2019
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PRESIDENT	Title	VP	

Title	PRESIDENT	Title	VP
Name	BENSON, KEN	Name	STERMAN, CAMILLE
Address	620 N WYMORE RD SUITE 240	Address	620 N WYMORE RD SUITE 240
City-State-Zip:	MAITLAND FL 32751	City-State-Zip:	MAITLAND FL 32751
Title	SECRETARY	Title	DIRECTOR 1
Name	POWELL, CINDY	Name	STERMAN, CAMILLE
Address	620 N WYMORE RD SUITE 240	Address	620 N WYMORE RD SUITE 240
City-State-Zip:	MAITLAND FL 32751	City-State-Zip:	MAITLAND FL 32751
Title	TREASURER	Title	DIRECTOR
Name	FINN, LUCY	Name	BARRETO, RITA
Address	620 N WYMORE RD SUITE 240	Address	620 N WYMORE RD SUITE 240
City-State-Zip:	MAITLAND FL 32751	City-State-Zip:	MAITLAND FL 32751
Title	DIRECTOR	Title	DIRECTOR
Name	GLASER, GWENDOLYN	Name	CHAMBERLAIN, KIRA
Address	620 N WYMORE RD SUITE 240	Address	620 N WYMORE RD SUITE 240
City-State-Zip:	MAITLAND FL 32751	City-State-Zip:	MAITLAND FL 32751

same legal effect as if made under Statutes; and that my name appears

## SIGNATURE: KEN BENSON

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

01/21/2019

#### 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT FILED Jan 21, 2019

#### Secretary of State 4713066521CC

#### **Officer/Director Detail Continued :**

Title	DIRECTOR	Title	DIRECTOR
Name	DORIO, JILDA	Name	PARRAGA, OLGA LUCIA
Address	620 N WYMORE RD SUITE 240	Address	620 N WYMORE RD SUITE 240
City-State-Zip:	MAITLAND FL 32751	City-State-Zip:	MAITLAND FL 32751