

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS****FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS****95 APR -5 PM 2:47****DOCUMENT # 726533 (3)**

1. Corporation Name

LIMETREE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**10128 43RD DRIVE SOUTH
BOYNTON BEACH FL 33436****10128 43RD DRIVE SOUTH
BOYNTON BEACH FL 33436**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/29/1973

3a. Date of Last Report

03/21/1994

4. FEI Number

59-1758088

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

5. Certificate of Status Desired

☐**\$8.75 Additional
Fee Required**

22

27

6. Election Campaign Financing
Trust Fund Contribution☐**\$5.00 May Be
Added to Fees**

23

28

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status☐**\$68.75 Supplemental
Fee Not Required**

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8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEVINE, JAY STEVEN
LEVINE AND FRANK, P.A.
3300 PGA BLVD., SUITE 800
PALM BEACH GARDENS FL 33410**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

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

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**PO
BALLARD, LAWRENCE L.
10148 41 TERRACE S.
BOYNTON BEACH FL**1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**VPO
KOPPELMAN, WILLIAM H.
10124 45 WAY S.
BOYNTON BEACH FL**2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**TD
O'BRIEN, ROY
10124 45TH AVENUE SOUTH
BOYNTON BEACH FL**3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**SD
HART, PATRICIA
10144 44TH WAY SOUTH
BOYNTON BEACH FL**4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**D
RUSSELL, PAUL
10115 43 TRAIL S.
BOYNTON BEACH FL**5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**D
FISHER, S. DENEEN
10107 43 DRIVE S.
BOYNTON BEACH FL**6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP**D
PRONSKY, PAUL
10143 42 DRIVE S.
BOYNTON BEACH, FL 33436**☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roy F. O'Brien, Treasurer (407) 737-6797

Date

Signature

03/29/95