

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90017 024 ****61.25

DOCUMENT # 726533

1. Entity Name
LIMETREE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
10128 43RD DRIVE SOUTH
BOYNTON BEACH, FL 33436

Mailing Address
10128 43RD DRIVE SOUTH
BOYNTON BEACH, FL 33436

40023401



DO NOT WRITE IN THIS SPACE

01252008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-1758088

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVINE, JAY S
2500 N MILITARY TRAIL #275
SUITE 490
BOCA RATON, FL 33431

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	S3
NAME	RUSSELL, CONSTANCE
STREET ADDRESS	10145 42ND AVE. S
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	D
NAME	SMITH, PATRICIA A
STREET ADDRESS	10101 44 DRIVE SO
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	P
NAME	MCMURRAY, JAMES
STREET ADDRESS	10124 42ND WAY S
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	D *NEW D
NAME	WHITEHOUSE, ROBERT Kevin Murphy
STREET ADDRESS	10002 42 TERRACE SO 10137 44th Ave S
CITY-ST-ZIP	BOYNTON BEACH, FL 33436 Boynton Bch, FL 33436
TITLE	T
NAME	KELLY, DOROTHY
STREET ADDRESS	10146 42 TERRACE SO
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	VP *NEW D
NAME	MILLER, GEORGE Frank Walsh
STREET ADDRESS	10130 40TH TRAIL S 10145 45th Ave S
CITY-ST-ZIP	BOYNTON BEACH, FL 33436 Boynton Bch, FL 33436

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dorothy O Kelly Treas.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/08

Date

561-737-6797

Daytime Phone #