2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# 726533

Entity Name: LIMETREE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

10128 43RD DRIVE SOUTH
BOYNTON BEACH, FL 33436

New Principal Place of Business:

Current Mailing Address:

10128 43RD DRIVE SOUTH
BOYNTON BEACH, FL 33436

New Mailing Address:

FEI Number: 59-1758088 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	S3	( ) Delete
Name:	RUSSELL, CONSTANCE	
Address:	10145 42ND AVE. S	
City-St-Zip:	BOYNTON BEACH, FL 33436	
Title:	D	( ) Delete
Name:	SMITH, PATRICIA A	
Address:	10101 44 DRIVE SO	
City-St-Zip:	BOYNTON BEACH, FL 33436	
Title:	P	( ) Delete
Name:	MCMURRAY, JAMES	
Address:	10124 42ND WAY S	
City-St-Zip:	BOYNTON BEACH, FL 33436	
Title:	D	( ) Delete
Name:	MURPHY, KEVIN	
Address:	10137 44TH AVE S	
City-St-Zip:	BOYNTON BEACH, FL 33436	
Title:	T	( ) Delete
Name:	KELLY, DOROTHY	
Address:	10146 42 TERRACE SO	
City-St-Zip:	BOYNTON BEACH, FL 33436	
Title:	D	( ) Delete
Name:	WALSH, FRANK	
Address:	10145 45TH AVE S	
City-St-Zip:	BOYNTON BEACH, FL 33436	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAMES MCMURRAY PRES 03/26/2009

Electronic Signature of Signing Officer or Director — Date