

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90071 050 ****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1758088**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**LEVINE, JAY S
2500 N MILITARY TRAIL #275
PALM BEACH GARDENS FL 33431**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	KOPPELMAN, WILLIAM M	
STREET ADDRESS	10124 45 WAY S	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SMITH, PATRICIA A	
STREET ADDRESS	10101 44 DRIVE SO	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, PATRICA	
STREET ADDRESS	10101 44TH DRIVE S	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	WALSH, FRANCIS J	
STREET ADDRESS	10145 45TH AVENUE SO.	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PERTIG, JOHN E	
STREET ADDRESS	10079 46TH AVENUE	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CAIN, EDWARD	
STREET ADDRESS	10125 42ND AVENUE SOUTH	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Koppelman, William, M.	
STREET ADDRESS	10124 45 Way S	
CITY-ST-ZIP	Boynton Bch, Fl	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, Patricia, A.	
STREET ADDRESS	10101 44 Drive So	
CITY-ST-ZIP	Boynton Bch, Fl 33436	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Irene Abrams	
STREET ADDRESS	10159 42 Terrace So.	
CITY-ST-ZIP	Boynton Bch, Fl 33436	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James McMurray	
STREET ADDRESS	10124 42 Way So	
CITY-ST-ZIP	Boynton Bch, Fl. 33436	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Whitehouse	
STREET ADDRESS	10082 42 Terrace So.	
CITY-ST-ZIP	Boynton Bch, Fl. 33436	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dorothy Kelly	
STREET ADDRESS	10146 42 Terrace So.	
CITY-ST-ZIP	Boynton Bch, Fl. 33436	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *William M. Koppelman, President*

03-22-03 732-

CR2E037 (10/02)