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95 MAY -1 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **737768** (2)
1. Corporation Name
LIMESTONE CREEK HOME OWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **5832 TIDEWATER DR. JUPITER FL 33458**
Mailing Address: **5832 TIDEWATER DR. JUPITER FL 33458**

3. Date incorporated or Qualified: **01/10/1977**
3a. Date of Last Report: **04/28/1994**
4. FEI Number: **59-2454251**
Applied For:
Not Applicable:

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. # etc: **22**
City & State: **27**
Zip: **24** Country: **25**
Zip: **29** Country: **30**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**ADAIR, ATTWELL
5832 TIDEWATER DR.
JUPITER FL 33458**

10. Name and Address of New Registered Agent
B1 Name: _____
B2 Street Address (P.O. Box Number is Not Acceptable): _____
B3 _____
B4 City: _____ **FL** B5 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	ARNTZEN, CLYDE
STREET ADDRESS	5923 TIDEWATER DR
CITY, ST, ZIP	JUPITER FL
TITLE	TD
NAME	DEMPSEY, LINDA
STREET ADDRESS	5901 TIDEWATER DR
CITY, ST, ZIP	JUPITER FL
TITLE	D
NAME	SOKOLWSKY, TOM
STREET ADDRESS	5866 TIDEWATER DR
CITY, ST, ZIP	JUPITER FL
TITLE	SD
NAME	ADAIR, ATTWELL
STREET ADDRESS	5832 TIDEWATER DR
CITY, ST, ZIP	JUPITER FL
TITLE	D
NAME	THOMAS, ROY
STREET ADDRESS	5791 TIDEWATER DR
CITY, ST, ZIP	JUPITER FL
TITLE	PD
NAME	PIERCE, BOB
STREET ADDRESS	5815 TIDEWATER DR
CITY, ST, ZIP	JUPITER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	WALKER, STEVE	
13 STREET ADDRESS	17982 TIDEWATER CIRCLE	
14 CITY, ST, ZIP	JUPITER, FL 33458-3922	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	PELLEGRINI, JOE	
43 STREET ADDRESS	5790 TIDEWATER DRIVE	
44 CITY, ST, ZIP	JUPITER, FL 33458-3922	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	ALARCON, BUDDY	
63 STREET ADDRESS	5900 TIDEWATER DRIVE	
64 CITY, ST, ZIP	JUPITER, FL 33458-3922	

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 119.07(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: *Linda Dempsey* TRES. 4/28/95 407-747-5917
SIGNATURE AND TYPED ON PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Filing Fee