

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

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



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/10/1977</b>	3a. Date of Last Report <b>05/01/1995</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2454251</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>ADAIR, ATTWELL 5832 TIDEWATER DR. JUPITER FL 33458</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<del>FD</del> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>WALKER, STEVE</del>	1.2 NAME	<b>ALMEDA, GARRETT</b>
STREET ADDRESS	<del>17982 TIDEWATER CIRCLE</del>	1.3 STREET ADDRESS	<b>17982 TIDEWATER CIRCLE</b>
CITY-ST-ZIP	<del>JUPITER FL</del>	1.4 CITY-ST-ZIP	<b>JUPITER FL 33458</b>
TITLE	<del>FD</del> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>DEMPSEY, LINDA</del>	2.2 NAME	<b>QUINN, MARGARET</b>
STREET ADDRESS	<del>5901 TIDEWATER DR</del>	2.3 STREET ADDRESS	<b>5767 TIDEWATER DRIVE</b>
CITY-ST-ZIP	<del>JUPITER FL</del>	2.4 CITY-ST-ZIP	<b>JUPITER FL 33458</b>
TITLE	<del>VD</del> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>OKOLWSKY, TOM</del>	3.2 NAME	<b>ELLIS, C.R.</b>
STREET ADDRESS	<del>5866 TIDEWATER DR</del>	3.3 STREET ADDRESS	<b>5924 TIDEWATER DRIVE</b>
CITY-ST-ZIP	<del>JUPITER FL</del>	3.4 CITY-ST-ZIP	<b>JUPITER FL 33458</b>
TITLE	<del>SD</del> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>EGROMO, KPE</del>	4.2 NAME	<b>PELLEGRINI, JOE</b>
STREET ADDRESS	<del>5700 TIDEWATER DRIVE</del>	4.3 STREET ADDRESS	<b>5790 TIDEWATER DRIVE</b>
CITY-ST-ZIP	<del>JUPITER FL</del>	4.4 CITY-ST-ZIP	<b>JUPITER FL 33458</b>
TITLE	<del>D</del> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>THOMAS, ROY</del>	5.2 NAME	<b>BARDONS, ROBERTA</b>
STREET ADDRESS	<del>5701 TIDEWATER DR</del>	5.3 STREET ADDRESS	<b>5766 TIDEWATER DRIVE</b>
CITY-ST-ZIP	<del>JUPITER FL</del>	5.4 CITY-ST-ZIP	<b>JUPITER FL 33458</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALARCON, BUDDY</b>	6.2 NAME	
STREET ADDRESS	<b>5900 TIDEWATER DRIVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JUPITER FL</b>	6.4 CITY-ST-ZIP	

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)(k), 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: *Roberta A. Bardons (Reasweck)* *4/22/96* *(407) 747-5289*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)