

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 09 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | 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.



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|---|--|
| Principal Place of Business 5832 TIDEWATER DR. JUPITER FL 33458 | Mailing Address 5832 TIDEWATER DR. JUPITER FL 33458-3922 |
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|---|--|
| 3. Date Incorporated or Qualified 01/10/1977 | 3a. Date of Last Report 04/26/1996 |
| 4. FEI Number 59-2454251 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. |
| 22. City & State | 27. City & State |
| 23. Zip | 28. Country |
| 24. Country | 29. Zip |
| 25. Country | 30. Zip |

9. Name and Address of Current Registered Agent

**ADAIR, ATTWELL
5832 TIDEWATER DR.
JUPITER FL 33458**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

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 | | |
|----------------------------|-----------------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | ALMEDA, GARRETT | |
| STREET ADDRESS | 17002 TIDEWATER CIRCLE | |
| CITY-ST-ZIP | JUPITER FL | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | QUINN, MARGARET | |
| STREET ADDRESS | 5767 TIDEWATER DR | |
| CITY-ST-ZIP | JUPITER FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | ELLIS, C.R. | |
| STREET ADDRESS | 5924 TIDEWATER DRIVE | |
| CITY-ST-ZIP | JUPITER FL | |
| TITLE | SB | <input checked="" type="checkbox"/> DELETE |
| NAME | PELLEGRINI, JOE | |
| STREET ADDRESS | 5700 TIDEWATER DRIVE | |
| CITY-ST-ZIP | JUPITER FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | BARDONS, ROBERTA | |
| STREET ADDRESS | 5766 TIDEWATER DRIVE | |
| CITY-ST-ZIP | JUPITER FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | ALARCON, BUDDY | |
| STREET ADDRESS | 5900 TIDEWATER DRIVE | |
| CITY-ST-ZIP | JUPITER FL | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|------------------------|--|
| 1.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | ARNTZEN, CLYDE | |
| 1.3 STREET ADDRESS | 5923 TIDEWATER DRIVE | |
| 1.4 CITY-ST-ZIP | JUPITER, FL 33458-3922 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | S/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | THOMAS, DORIS | |
| 4.3 STREET ADDRESS | 5791 TIDEWATER DRIVE | |
| 4.4 CITY-ST-ZIP | JUPITER, FL 33458-3922 | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | MOVICK, WAYNE | |
| 6.3 STREET ADDRESS | 5814 TIDEWATER DRIVE | |
| 6.4 CITY-ST-ZIP | JUPITER, FL 33458-3922 | |

14. I do 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 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 _____ DATE _____

CR2E037 (9/96)