

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 737768 (2)
 1. Corporation Name
LIMESTONE CREEK HOME OWNERS ASSOCIATION, INC.

Principal Place of Business 5832 TIDEWATER DR. JUPITER FL 33458	Mailing Address 5832 TIDEWATER DR. JUPITER FL 33458
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3. Date Incorporated or Qualified
01/10/1977

4. FEI Number
59-2454251

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNTZEN, CLYDE	1.2 NAME	
STREET ADDRESS	5923 TIDEWATER DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	JUPITER FL	1.4 CITY - ST - ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINN, MARGARET	2.2 NAME	ADAIR, MARY
STREET ADDRESS	5767 TIDEWATER DR.	2.3 STREET ADDRESS	5832 TIDEWATER DR
CITY - ST - ZIP	JUPITER FL	2.4 CITY - ST - ZIP	JUPITER FL 33458-3922
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIS, C.R.	3.2 NAME	USAB, WILLIAM
STREET ADDRESS	5924 TIDEWATER DRIVE	3.3 STREET ADDRESS	5878 TIDEWATER DR
CITY - ST - ZIP	JUPITER FL	3.4 CITY - ST - ZIP	JUPITER FL 33458-3922
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, DORIS	4.2 NAME	
STREET ADDRESS	5791 TIDEWATER DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	JUPITER FL	4.4 CITY - ST - ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARDONS, ROBERTA	5.2 NAME	PIERCE, MARGE
STREET ADDRESS	5766 TIDEWATER DRIVE	5.3 STREET ADDRESS	5815 TIDEWATER DR
CITY - ST - ZIP	JUPITER FL	5.4 CITY - ST - ZIP	JUPITER FL 33458-3922
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOVICK, WAYNE	6.2 NAME	
STREET ADDRESS	5814 TIDEWATER DR	6.3 STREET ADDRESS	
CITY - ST - ZIP	JUPITER FL	6.4 CITY - ST - ZIP	

14. 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 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: *Mary G. Adair* **MARY G. ADAIR** 04/14/98

CFR2E037 (10/97)