

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90022 014 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 737768

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

01/10/1977

4. FEI Number

59-2454251

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE
 NAME ~~D~~ **ARNTZEN, CLYDE**
 STREET ADDRESS **5923 TIDEWATER DR**
 CITY-ST-ZIP **JUPITER FL**

TITLE DELETE
 NAME **PD**
ADAIR, MARY
 STREET ADDRESS **5832 TIDEWATER DR**
 CITY-ST-ZIP **JUPITER FL 33458-3922**

TITLE DELETE
 NAME **D**
USAB, WILLIAM
 STREET ADDRESS **5878 TIDEWATER DR**
 CITY-ST-ZIP **JUPITER FL 33458-3922**

TITLE DELETE
 NAME ~~SD~~ **THOMAS, DORIS**
 STREET ADDRESS **5791 TIDEWATER DR**
 CITY-ST-ZIP **JUPITER FL**

TITLE DELETE
 NAME **TD**
PIERCE, MARGE
 STREET ADDRESS **5815 TIDEWATER DR**
 CITY-ST-ZIP **JUPITER FL 33458-3922**

TITLE DELETE
 NAME ~~VD~~ **MOVICK, WAYNE**
 STREET ADDRESS **5814 TIDEWATER DR**
 CITY-ST-ZIP **JUPITER FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **SD** Change Addition
 1.2 NAME **SOKOLOWSKY, KATHLEEN**
 1.3 STREET ADDRESS **5866 TIDEWATER DRIVE**
 1.4 CITY-ST-ZIP **JUPITER FL 33458-3922**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE **VD** Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE **D** Change Addition
 4.2 NAME **ALARCON, BUDDY**
 4.3 STREET ADDRESS **5900 TIDEWATER DRIVE**
 4.4 CITY-ST-ZIP **JUPITER FL 33458-3922**

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE **D** Change Addition
 6.2 NAME **ALMEIDA, PATRICIA**
 6.3 STREET ADDRESS **17982 TIDEWATER CIRCLE**
 6.4 CITY-ST-ZIP **JUPITER FL 33458-3922**

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
SIGNATURE REQUIRED

6/5/99

Date

(561) 744-5131

Daytime Phone #

CR2E037 (1/198)