## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED **DOCUMENT # 737768** May 16, 2000 8:00 am Secretary of State 1. Entity Name LIMESTONE CREEK HOME OWNERS ASSOCIATION, INC. 05-16-2000 90160 010 \*\*\*\*61.25 Principal Place of Business Mailing Address 5832 TIDEWATER DR. 5832 TIDEWATER DR. JUPITER FL 33458-3922 JUPITER FL 33458 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2454251 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ADAIR. ATTWELL 5832 TIDEWATER DR. JUPITER FL 33458 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. TITLE Change Addition TITLE SD ☐ Delete NAME NAME SOKOLOWSKY, KATHLEEN STREET ADDRESS STREET ADDRESS **5866 TIDEWATER DR** CITY-ST-ZIP CITY-ST-ZIF JUPITER FL 33458 TITI F PD ★ Addition PD 🗷 Delete TITLE ELLIS, C.R. NAME NAME ADAIR, MARY 5924 TIDEWATER DRIVE STREET ADDRESS STREET ADDRESS 5832 TIDEWATER DR JUPITER FL 33458-3922 CITY-ST-ZIP CITY-ST-7IP JUPITER FL 33458 3922 Change Addition VD TITLE TITLE Delete DEMPSEY, LINDA NAME NAME USAB. WILLIAM STREET ADDRESS 5901 TIDEWATER DRINE STREET ADDRESS 5878-TIDEWATER DR CITY-ST-ZIP JUPITER, FL 33458-3922 CITY-ST-ZIP JUPITER FL 33458-3922-☐ Change ☐ Addition ☐ Delete TITLE NAME ALARCON, BUDDY NAME STREET ADDRESS STREET ADDRESS **5900 TIDEWATER DR** CJTY-ST-ZIP CITY-ST-ZIP JUPITER FL 33458 Change Addition TITLE Delete TITLE PELLEGRINI, SUE PIERCE, MARGE NAME 5790 TIDEWATER DRIVE STREET ADDRESS STREET ADDRESS 5815 TIDEWATER DR JUPITER\_FL 33458-3922 CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33458 3922 Change ☐ Addition ☐ Delete TITLE TITLE ALMEIDA, PATRICIA 17982 TIDEWATER CIR NAME NAME ALMEIDA, PATRICIA STREET ADDRESS STREET ADDRESS 17982 TIDEWATER CIR JUDITER FL CITY-ST-ZIP CITY-ST-7IP JUPITER FL 33458 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if