

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90027 032 \*\*\*\*61.25



**DOCUMENT # 737768**  
 1. Entity Name  
**LIMESTONE CREEK HOME OWNERS ASSOCIATION, INC.**

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



2. Principal Place of Business      3. Mailing Address  
**5901 TIDEWATER DR.**      **5901 TIDEWATER DR.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E037 (10/04)

City & State      City & State  
**Jupiter, FL.**      **Jupiter, FL.**  
 Zip      Country      Zip      Country  
**33458**      **USA.**      **33458**      **USA.**

4. FEI Number      Applied For  
**59-2454251**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ADAIR, ATTWELL**  
**5832 TIDEWATER DR.**  
**JUPITER FL 33458**

7. Name and Address of New Registered Agent  
 Name **LINDA DEMPSEY**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5901 TIDEWATER DR.**  
 City **Jupiter**      FL      Zip Code **33458**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Linda Dempsey - PRESIDENT**      DATE **4-3-05**  
Signature, typed or printed name of registered agent and title, if applicable (NOTE Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	D BBYRNE, JIM	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5766 TIDEWATER DRIVE	
CITY-ST-ZIP	JUPITER FL 33458-3922	
TITLE NAME	PD PIERCE, ROBERT	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5815 TIDEWATER DR	
CITY-ST-ZIP	JUPITER FL 33458-3922	
TITLE NAME	VD ARNTZEN, CLYDE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5923 TIDEWATER DRIVE	
CITY-ST-ZIP	JUPITER FL 33458-3922	
TITLE NAME	SD LINDSEY, CHUCK	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5900 TIDEWATER DR.	
CITY-ST-ZIP	JUPITER FL 33458-3922	
TITLE NAME	TD USAB, BILL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5878 TIDEWATER DRIVE	
CITY-ST-ZIP	JUPITER FL 33458-3922	
TITLE NAME	D THOMAS, ROY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5791 TIDEWATER DRIVE	
CITY-ST-ZIP	JUPITER FL 33458-3922	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	President / D LINDA DEMPSEY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5901 TIDEWATER DRIVE	
CITY-ST-ZIP	JUPITER, FL. 33458	
TITLE NAME	VP / D CRAELIS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5924 TIDEWATER DR.	
CITY-ST-ZIP	JUPITER, FL. 33458	
TITLE NAME	T / D KATHLEEN S. KOLOWSKY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5866 TIDEWATER DR.	
CITY-ST-ZIP	JUPITER, FL. 33458	
TITLE NAME	S / D FERNANDO BARBUTO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5923 TIDEWATER DR.	
CITY-ST-ZIP	JUPITER, FL. 33458	
TITLE NAME	D WAYNE MOVICK	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5814 TIDEWATER DR.	
CITY-ST-ZIP	JUPITER, FL. 33458	
TITLE NAME	D AMY KLIM	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	17982 TIDEWATER CR.	
CITY-ST-ZIP	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)(i), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **Linda Dempsey - PRESIDENT**      DATE **4-3-05**      DAYTIME PHONE # **561-747-5917**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR