


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90391 008 \*\*\*\*61.25

<b>DOCUMENT # 737768</b>					
1. Entity Name <b>LIMESTONE CREEK HOME OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>5901 TIDEWATER DR. JUPITER, FL 33458</b>			Mailing Address <b>5901 TIDEWATER DR. JUPITER, FL 33458</b>		
2. Principal Place of Business <b>5866 TIDEWATER DR</b>		3. Mailing Address <b>5866 TIDEWATER DR</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Jupiter, FL</b>		City & State <b>Jupiter, FL</b>		4. FEI Number <b>59-2454251</b>	
Zip <b>33458</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>DEMPSEY, LINDA 5901 TIDEWATER DR JUPITER, FL 33458</b>			7. Name and Address of New Registered Agent Name <b>KATHLEEN SOKOLOWSKY</b> Street Address (P.O. Box Number is Not Acceptable) <b>5866 TIDEWATER DR</b> City <b>JUPITER</b> FL Zip Code <b>33458</b>		
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 <b>KATHLEEN SOKOLOWSKY</b> <i>Kathleen Sokolowsky</i> <b>4-27-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMPSEY, LINDA		NAME	LINDSEY, LESLEY	
STREET ADDRESS	5901 TIDEWATER DRIVE		STREET ADDRESS	5900 TIDEWATER DR.	
CITY-ST-ZIP	JUPITER, FL 33458		CITY-ST-ZIP	JUPITER, FL 33458	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VICE PRESIDENT/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIS, C.R.		NAME	QUINN, MARGARET	
STREET ADDRESS	5924 TIDEWATER DR		STREET ADDRESS	5767 TIDEWATER DR.	
CITY-ST-ZIP	JUPITER, FL 33458		CITY-ST-ZIP	JUPITER, FL 33458	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOKOLOWSKY, KATHLEEN S		NAME	SOKOLOWSKY, KATHLEEN	
STREET ADDRESS	5866 TIDEWATER DR		STREET ADDRESS	5866 TIDEWATER DR	
CITY-ST-ZIP	JUPITER, FL 33458		CITY-ST-ZIP	JUPITER, FL 33458	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDO, BARBUTO		NAME	BARBUTO, SHERRI	
STREET ADDRESS	5923 TIDEWATER DR		STREET ADDRESS	5923 TIDEWATER DR.	
CITY-ST-ZIP	JUPITER, FL 33458		CITY-ST-ZIP	JUPITER, FL 33458	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOVICK, WAYNE		NAME		
STREET ADDRESS	5814 TIDEWATER DR		STREET ADDRESS		
CITY-ST-ZIP	JUPITER, FL 33458		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLING, AMY		NAME	ADAIR, MARY	
STREET ADDRESS	17982 TIDEWATER CR		STREET ADDRESS	5832 TIDEWATER DR.	
CITY-ST-ZIP	JUPITER, FL 33458		CITY-ST-ZIP	JUPITER, FL 33458	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Kathleen Sokolowsky</i> <b>TREASURER 4/27/06 (561) 747-1103</b>					