



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90096 020 ****61.25

DOCUMENT # 737768					
1. Entity Name LIMESTONE CREEK HOME OWNERS ASSOCIATION, INC.					
Principal Place of Business 5866 TIDEWATER DRIVE JUPITER, FL 33458 US		Mailing Address 5866 TIDEWATER DRIVE JUPITER, FL 33458 US		40041001 	
2. Principal Place of Business - No P.O. Box # 5790 Tidewater Drive Suite, Apt. #, etc.		3. Mailing Address 5790 Tidewater Dr. Suite, Apt. #, etc.		02012007 Chg-NP CR2E037 (12/06)	
City & State Jupiter, FL		City & State Jupiter, FL		4. FEI Number 59-2454251	
Zip 33458		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOKOLOWSKY, KATHLEEN 5866 TIDEWATER DRIVE JUPITER, FL 33458		7. Name and Address of New Registered Agent Name: Joseph E. Pellegrini Street Address (P.O. Box Number is Not Acceptable): 5790 Tidewater Dr. City: Jupiter State: 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: <u>Joseph E. Pellegrini</u> <u>Joseph E. Pellegrini</u> <u>02/13/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE: PD NAME: LINDSEY, LESLEY STREET ADDRESS: 5900 TIDEWATER DRIVE CITY-ST-ZIP: JUPITER, FL 33458	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VPD NAME: QUINN, MARGARET STREET ADDRESS: 5767 TIDEWATER DRIVE CITY-ST-ZIP: JUPITER, FL 33458	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: TD NAME: SOKOLOWSKY, KATHLEEN STREET ADDRESS: 5866 TIDEWATER DRIVE CITY-ST-ZIP: JUPITER, FL 33458	<input checked="" type="checkbox"/> Delete		TITLE: TREASURER NAME: Joseph E. Pellegrini STREET ADDRESS: 5790 Tidewater Dr CITY-ST-ZIP: Jupiter FL 33458	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: SD NAME: BARBUTO, SHERRI STREET ADDRESS: 5923 TIDEWATER DRIVE CITY-ST-ZIP: JUPITER, FL 33458	<input checked="" type="checkbox"/> Delete		TITLE: SECRETARY NAME: BONNIE MOROSZ STREET ADDRESS: 5923 TIDEWATER DR CITY-ST-ZIP: Jupiter, FL 33458	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D NAME: MOVICK, WAYNE STREET ADDRESS: 5814 TIDEWATER DR CITY-ST-ZIP: JUPITER, FL 33458	<input checked="" type="checkbox"/> Delete		TITLE: DIRECTOR NAME: JUNE USAF STREET ADDRESS: 5878 TIDEWATER DR CITY-ST-ZIP: Jupiter FL 33458	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D NAME: ADAIR, MARY STREET ADDRESS: 5832 TIDEWATER DRIVE CITY-ST-ZIP: JUPITER, FL 33458	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Joseph E. Pellegrini</u> <u>Joseph E. Pellegrini</u> <u>02/13/07</u> <u>(381) 747-0452</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					