2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2009
Secretary of State

DOCUMENT# 754427

Entity Name: LIMETREE BEACH RESORT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1050 BEN FRANKLIN DRIVE
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

1050 BEN FRANKLIN DRIVE
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 59-2313140 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HEATH, TOMMY L MGR/AG
1050 BEN FRANKLIN DR.
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	TD	( ) Delete
Name:	SABBAGH, CAROLYN	
Address:	1050 BEN FRANKLIN DR.	
City-St-Zip:	SARASOTA, FL 34236 US	
Title:	SD	( ) Delete
Name:	DEAGOSTINO, THOMAS	
Address:	1050 BEN FRANKLIN DR	
City-St-Zip:	SARASOTA, FL 34236 US	
Title:	ASD	( ) Delete
Name:	STRACHMAN, CLIFFORD	
Address:	1050 BEN FRANKLIN DR	
City-St-Zip:	SARASOTA, FL 34236 US	
Title:	PD	( ) Delete
Name:	ROSINSKI, KLAUS	
Address:	1050 BEN FRANKLIN DRIVE	
City-St-Zip:	SARASOTA, FL 34236	
Title:	VD	( ) Delete
Name:	HACKATHORN, LYNNE	
Address:	1050 BEN FRANKLIN DR	
City-St-Zip:	SARASOTA, FL 34236 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	ASD	(X) Change ( ) Addition
Name:	FACELLA, MIKE	
Address:	1050 BEN FRANKLIN DR	
City-St-Zip:	SARASOTA, FL 34236 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN SABBAGH TD 01/18/2009

Electronic Signature of Signing Officer or Director — Date