

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **760140** (4)
1. Corporation Name
LIMETREE PARK CONDOMINIUM, INC.

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Principal Place of Business: 26341 U.S. 41, BONITA SPRINGS FL 33923
Mailing Address: 26341 U.S. 41, BONITA SPRINGS FL 33923

3. Date Incorporated or Qualified: 09/23/1981
3a. Date of Last Report: 04/05/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEE Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2249742	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	Zip	28	Zip			
23	Country	29	Country	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24		30		8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BRODEUR, MARTHA JANE 26341 U.S. 41, LOT 212 BONITA SPRINGS FL 33923				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: BRODEUR, MARTHA JANE March 25, 1996
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	XX DELETE		11 TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLIAMS, GINETTE			12 NAME	DAVIDSON, JOHN A.		
STREET ADDRESS	104-122 WOLFE ST			13 STREET ADDRESS	3166 S.E. LAKESHORE DR.		
CITY-ST-ZIP	BROMONT QU			14 CITY-ST-ZIP	MACY, IN 46951		
TITLE	D	<input checked="" type="checkbox"/> DELETE		21 TITLE	Y	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DAVIDSON, JOHN			22 NAME	DON IRWIN		
STREET ADDRESS	RR #1, BOX 270A			23 STREET ADDRESS	RR 2		
CITY-ST-ZIP	MACY IN			24 CITY-ST-ZIP	CARLETON PLACE, ONTARIO K7C 3P2		
TITLE	T	<input type="checkbox"/> DELETE		31 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SUHLING, CHARLES			32 NAME			
STREET ADDRESS	824 KRISTIN CT			33 STREET ADDRESS			
CITY-ST-ZIP	GURNEE IL			34 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		41 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOEGER, RUTH			42 NAME			
STREET ADDRESS	26341 U.S. 41 LOT 109			43 STREET ADDRESS			
CITY-ST-ZIP	BONITA SPRINGS FL			44 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		51 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BIERRE, ROBERT			52 NAME			
STREET ADDRESS	117 SAWMILL DR			53 STREET ADDRESS			
CITY-ST-ZIP	PENFIELD NY			54 CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> DELETE		61 TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HOAR, RALPH			62 NAME	CONNOR, MICHAEL		
STREET ADDRESS	8251 RICHMOND RD			63 STREET ADDRESS	10506 WEST 73rd ST.		
CITY-ST-ZIP	TOANO VA			64 CITY-ST-ZIP	SHAWNEE, KS 66203		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ruth Hoeger Secretary March 25, 1996 (941)947-0880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)



**LIME TREE
PARK**
A CONDOMINIUM

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26341 U.S. 41 S.W.
Bonita Springs,
Florida 33923
(813) 947-0880

March 25, 1996

CORPORATION ANNUAL REPORT continued:

O'Dell, John Director

213 Park Lane
North Syracuse, NY 13212

Sizemore, H. Dale Director

26341 U.S. 41, Lot #190
Bonita Springs, FL 33923