

FILE NOW: FILING FEE IS \$61.25

FILED  
May 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



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

3. Date Incorporated or Qualified 09/23/1981 3a. Date of Last Report 04/02/1996

2. Principal Place of Business 2a. Mailing Address  
21 244 LIMETREE PARK DRIVE 2a 244 LIMETREE PARK DRIVE  
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.  
23 City & State 28 City & State  
24 34135 25 USA 29 34135 30 USA

4. FEI Number 59-2249742 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent  
BRODEUR, MARTHA JANE  
26341 U.S. 41, LOT 212  
BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable) 4702 SWORDFISH ST.  
83  
84 City BONITA SPRINGS FL 85 Zip Code 34134

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 *Martha Jane Brodeur*, Agent of Record Martha Jane Brodeur April 29, 1997  
Signature typed or printed (name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

|                 |                       |  |
|-----------------|-----------------------|--|
| TITLE           | P                     | <input checked="" type="checkbox"/> DELETE |
| NAME            | DAVIDSON, JOHN A.     |  |
| STREET ADDRESS  | 8186 SE LAKESHORE DR  |  |
| CITY - ST - ZIP | MACY IN               |  |
| TITLE           | V                     | <input type="checkbox"/> DELETE            |
| NAME            | IRWIN, DON            |  |
| STREET ADDRESS  | RR2                   |  |
| CITY - ST - ZIP | CARLETON PLACE ON     |  |
| TITLE           | T                     | <input checked="" type="checkbox"/> DELETE |
| NAME            | SOHLING, CHARLES      |  |
| STREET ADDRESS  | 824 KRISTIN CT        |  |
| CITY - ST - ZIP | GURNEE IL             |  |
| TITLE           | S                     | <input type="checkbox"/> DELETE            |
| NAME            | HOEGER, RUTH          |  |
| STREET ADDRESS  | 26341 U.S. 41 LOT 400 |  |
| CITY - ST - ZIP | BONITA SPRINGS FL     |  |
| TITLE           | D                     | <input type="checkbox"/> DELETE            |
| NAME            | BIERRE, ROBERT        |  |
| STREET ADDRESS  | 117 SAWMILL DR        |  |
| CITY - ST - ZIP | PENFIELD NY           |  |
| TITLE           | D                     | <input type="checkbox"/> DELETE            |
| NAME            | CONNOR, MICHAEL       |  |
| STREET ADDRESS  | 10506 WEST 73RD ST    |  |
| CITY - ST - ZIP | SHAWNEE KS            |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                          |   |
|---------------------|--------------------------|---|
| 1.1 TITLE           | P                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME            | H. DALE SIZEMORE         |   |
| 1.3 STREET ADDRESS  | 191 LIMETREE PARK DRIVE  |   |
| 1.4 CITY - ST - ZIP | BONITA SPRINGS, FL 34135 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 2.1 TITLE           |                          |   |
| 2.2 NAME            |                          |   |
| 2.3 STREET ADDRESS  |                          |   |
| 2.4 CITY - ST - ZIP |                          |   |
| 3.1 TITLE           | T                        | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME            | JACK FISHER              |   |
| 3.3 STREET ADDRESS  | 30 SUNSET LAKE ROAD      |   |
| 3.4 CITY - ST - ZIP | BRIDGETON, NJ 08302      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 4.1 TITLE           | S                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 4.2 NAME            |                          |   |
| 4.3 STREET ADDRESS  | 109 LIMETREE PARK DRIVE  |   |
| 4.4 CITY - ST - ZIP | BONITA SPRINGS, FL 34135 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 5.1 TITLE           |                          |   |
| 5.2 NAME            |                          |   |
| 5.3 STREET ADDRESS  |                          |   |
| 5.4 CITY - ST - ZIP |                          |   |
| 6.1 TITLE           |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 6.2 NAME            |                          |   |
| 6.3 STREET ADDRESS  |                          |   |
| 6.4 CITY - ST - ZIP |                          |   |

14. I do 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 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 attached exhibit to this report.

SIGNATURE: *H. Dale Sizemore* H. Dale Sizemore April 29, 1997  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0079458

CR2E037 (9/96)



**LIMETREE**

**PARK**

**A CONDOMINIUM**

**244 Limetree Park Drive  
Bonita Springs,  
Florida 34135  
(941) 947-0880**

**April 25, 1997**

**1997 CORPORATION ANNUAL REPORT continued:**

**O'Dell, John**

**Director**

**213 Park Lane**

**North Syracuse, NY 13212**