


FILE NOW: FILING FEE IS \$61.25

5/1/99

FILED  
Apr 12, 1999 8:00 am  
Secretary of State

04-12-1999 90018 013 \*\*\*\*61.25

|   |   |  |
|---|---|--|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # 760140**

1. Corporation Name  
**LIMETREE PARK CONDOMINIUM, INC.**

|   |   |
|---|---|
| Principal Place of Business<br>244 LIMETREE PARK DR.<br>BONITA SPRINGS FL 34135<br>US | Mailing Address<br>244 LIMETREE PARK DR.<br>BONITA SPRINGS FL 34135<br>US |
|---|---|



|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country | 3. Date Incorporated or Qualified<br>09/23/1981 | 4. FEI Number<br>59-2249742<br>Applied For<br>Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|--|---|--|---|--|

9. Name and Address of Current Registered Agent

**BRODEUR, MARTHA JANE**  
4702 SWORDFISH ST.  
BONITA SPRINGS FL 34134

10. Name and Address of New Registered Agent

|   |
|---|
| 81 Name   |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83  |
| 84 City   |
| 85 Zip Code   |

**FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          | P / D                   | <input type="checkbox"/> DELETE            |
| NAME           | SIZEMORE, H. D          |  |
| STREET ADDRESS | 191 LIMETREE PARK DR.   |  |
| CITY-ST-ZIP    | BONITA SPRINGS FL       |  |
| TITLE          | V                       | <input checked="" type="checkbox"/> DELETE |
| NAME           | BIERRE, ROBERT E        |  |
| STREET ADDRESS | 117 SAWMILL DR          |  |
| CITY-ST-ZIP    | PENFIELD NY             |  |
| TITLE          | T                       | <input type="checkbox"/> DELETE            |
| NAME           | HAGGBLOOM, LLOYD        |  |
| STREET ADDRESS | 113 LIMETREE PARK DR    |  |
| CITY-ST-ZIP    | BONITA SPRINGS FL 34135 |  |
| TITLE          | S                       | <input checked="" type="checkbox"/> DELETE |
| NAME           | HOEGER, RUTH            |  |
| STREET ADDRESS | 109 LIMETREE PARK DR.   |  |
| CITY-ST-ZIP    | BONITA SPRINGS FL       |  |
| TITLE          | D                       | <input type="checkbox"/> DELETE            |
| NAME           | BUCLOS, JACKQUELINE     |  |
| STREET ADDRESS | P O BOX 207 N/A         |  |
| CITY-ST-ZIP    | E FREETOWN MA 02717     |  |
| TITLE          | D                       | <input type="checkbox"/> DELETE            |
| NAME           | PERRY, LARRY            |  |
| STREET ADDRESS | 174 LIMETREE PARK DR    |  |
| CITY-ST-ZIP    | BONITA SPRINGS FL 34135 |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY-ST-ZIP    |  |
| 2.1 TITLE          | V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | RAY H. BLAIR, JR.  |
| 2.3 STREET ADDRESS | 36 LIMETREE PARK DRIVE   |
| 2.4 CITY-ST-ZIP    | BONITA SPRINGS, FL 34135   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS |  |
| 3.4 CITY-ST-ZIP    |  |
| 4.1 TITLE          | S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           | JACQUELINE DUCLOS  |
| 4.3 STREET ADDRESS | P O BOX 207 N/A  |
| 4.4 CITY-ST-ZIP    | E FREETOWN MA 02717  |
| 5.1 TITLE          | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| 5.2 NAME           | MAURICE G. SMITH   |
| 5.3 STREET ADDRESS | 435 DENNIS ST.   |
| 5.4 CITY-ST-ZIP    | MONTE VISTA CO 81144   |
| 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 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 attachment with an address, with all other like empowered.

SIGNATURE: H. Dale Sizemore SIGNATURE REQUIRED President April 5, 1999 (941)947-0880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0064850 CR2E037 (1/1/98)