

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90127 001 ****61.25

DOCUMENT # 760140
 1. Entity Name
LIMETREE PARK CONDOMINIUM, INC.

A0053850



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 244 LIMETREE PARK DR.
 BONITA SPRINGS FL 34135
 US 244 LIMETREE PARK DR.
 BONITA SPRINGS FL 34135-4362
 US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-2249742 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BRODEUR, MARTHA JANE
4702 SWORDFISH ST.
BONITA SPRINGS FL 34134

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIZEMORE, H. D. 191 LIMETREE PARK DR. BONITA SPRINGS FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BLAIR, RAY H JR 36 LIMETREE PARK DRIVE BONITA SPRINGS FL 34135	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAGGBLOOM, LLOYD 113 LIMETREE PARK DR BONITA SPRINGS FL 34135	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DUCLOS, JACQUELINE P.O. BOX 207 E. FREETOWN MA 02717	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, MAURICE 435 DENNIS STREET MONTE VISTA CO 81144	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRY, LARRY 174 LIMETREE PARK DR BONITA SPRINGS FL 34135	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			TITLE NAME STREET ADDRESS CITY-ST-ZIP
			D BONNEVILLE, LEONARD 1177 EAST SHORE RD. ISLES LA MOTTE, VT 05463

12. 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 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: *Ray H. Blair, Jr.* **RAY H. BLAIR, JR., PRESIDENT April, 25, 2000**

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