

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760140

FILED  
Jul 01, 2005  
Secretary of State

Entity Name: LIMETREE PARK CONDOMINIUM, INC.

**Current Principal Place of Business:**

244 LIMETREE PARK DR.  
BONITA SPRINGS, FL 34135 US

**New Principal Place of Business:**

**Current Mailing Address:**

244 LIMETREE PARK DR.  
BONITA SPRINGS, FL 34135 US

**New Mailing Address:**

FEI Number: 59-2249742      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

DONALSON, MARILYN A  
4936 ROYAL PALM DR.  
ESTERO, FL 33928 US

**Name and Address of New Registered Agent:**

BARNELL, RACHEL A  
22756 CAROLINE DRIVE  
ESTERO, FL 33928 US

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: RACHEL A. BARNELL

07/01/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HOOK, HARRISON  
Address: MAIN ST.  
City-St-Zip: LEXINGTON, MO 64067

Title: VP ( ) Delete  
Name: BAYER, RICHARD  
Address: CH.C. 69, BOX 2624  
City-St-Zip: INEZ, KY 41224

Title: T ( ) Delete  
Name: WILCOX, DOROTHY  
Address: 147 STINSON BAY RD., R.R. #3  
City-St-Zip: FENELON FALLS, ONT, K0M 1N0

Title: SD ( ) Delete  
Name: LINDEBORG, ROBERT  
Address: 398 CENTENNIAL DRIVE  
City-St-Zip: ROSEVILLE, MN 551132305

Title: D ( ) Delete  
Name: MILLER, DONALD  
Address: 209 HITCHNER AVE.  
City-St-Zip: ELMER, NJ 08318

Title: D ( ) Delete  
Name: ONSTOT, CHESTER  
Address: 15367 G-36 HWY.  
City-St-Zip: INDIANOLA, IA 50125

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: LINDEBORG, ROBERT  
Address: 1480 APPLEWOOD CT.  
City-St-Zip: ROSEVILLE, MN 55113

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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 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: ROBERT LINDEBORG

SD

07/01/2005

Electronic Signature of Signing Officer or Director

Date