

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90145 034 ****61.25



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

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

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/05)

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
**JOSEPH E. ADAMS, ESQ.
BECKER & POLIAKOFF, P.A.
14241 METROPOLIS AVE., #100
FT. MYERS FL 33912**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when constituting) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	HOOK, HARRISON
STREET ADDRESS	MAIN ST.
CITY-ST-ZIP	LEXINGTON MO 64067
TITLE	VP <input type="checkbox"/> Delete
NAME	BAYER, RICHARD
STREET ADDRESS	CH.C. 69, BOX 2624
CITY-ST-ZIP	INEZ KY 41224
TITLE	T <input type="checkbox"/> Delete
NAME	LINDEBORG, ROBERT
STREET ADDRESS	1480 APPLEWOOD CT.
CITY-ST-ZIP	ROSEVILLE MN 55113
TITLE	SD <input checked="" type="checkbox"/> Delete
NAME	LINDEBORG, ROBERT
STREET ADDRESS	398 CENTENNIAL DRIVE
CITY-ST-ZIP	ROSEVILLE MN 55113-2305
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	MILLER, DONALD
STREET ADDRESS	209 HITCHNER AVE.
CITY-ST-ZIP	ELMER NJ 08318
TITLE	D <input type="checkbox"/> Delete
NAME	ONSTOT, CHESTER
STREET ADDRESS	15367 G-36 HWY.
CITY-ST-ZIP	INDIANOLA IA 50125

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Russ Reeder
STREET ADDRESS	8752 Kari Lane
CITY-ST-ZIP	Bryon Center, MI 49315
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN LONGWELL
STREET ADDRESS	844 OAKBROOK Drive
CITY-ST-ZIP	Ashland, OH 44805
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Robert E. Lindborg, Sec/Treas.* 1-30-06 239-947-0890