


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90112 048 ****61.25

DOCUMENT # N00000003140					
1. Entity Name LIME TREE CENTER I CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 214 SANIBEL ISLAND, FL 33957			Mailing Address P.O. BOX 214 SANIBEL ISLAND, FL 33957		
2. Principal Place of Business 1640 PERIWINKLE WAY		3. Mailing Address 1640 PERIWINKLE WAY			
Suite, Apt. #, etc. SUITE 2		Suite, Apt. #, etc. SUITE 2			
City & State SANIBEL, FL		City & State SANIBEL, FL			
Zip 33957		Country USA		Zip 33957	
Country USA		4. FEI Number 65-1038469			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BRODEUR, JUDY K 987 SAND CASTLE RD SANIBEL ISLAND, FL 33957			7. Name and Address of New Registered Agent Name HEIDI THIBAUT Street Address (P.O. Box Number is Not Acceptable) 1640 PERIWINKLE WAY, SUITE 3 City SANIBEL, FL Zip Code 33957		
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 <u>Heidi Thibaut</u> DATE <u>2/28/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE VD NAME RASI, KEN STREET ADDRESS 1640 PERIWINKLE WAY, UNIT II CITY-ST-ZIP SANIBEL ISLAND, FL 33957	<input type="checkbox"/> Delete		TITLE P/D NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PSTD NAME BRODEUR, JUDY K STREET ADDRESS PO BOX 214 CITY-ST-ZIP SANIBEL ISLAND, FL 33957	<input checked="" type="checkbox"/> Delete		TITLE [Blank] NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME THIBAUT, HEIDI STREET ADDRESS 1640 PERIWINKLE WAY STE III CITY-ST-ZIP SANIBEL, FL 33957	<input type="checkbox"/> Delete		TITLE [Blank] NAME THIBAUT (spelling error) STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE [Blank] NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	<input type="checkbox"/> Delete		TITLE VP S D NAME RICHARD WUNDERLICH STREET ADDRESS 4244 EVANS AVENUE CITY-ST-ZIP FORT MYERS, FL 33901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE [Blank] NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	<input type="checkbox"/> Delete		TITLE VP T D NAME LORIN ARUNDEL STREET ADDRESS 1640 PERIWINKLE WAY, SUITE II CITY-ST-ZIP SANIBEL, FL 33957	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE [Blank] NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	<input type="checkbox"/> Delete		TITLE [Blank] NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Heidi Thibaut</u>			Heidi Thibaut, VP <u>2/28/06</u> <u>239-472-1157</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		