


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000003140</b> 1. Entity Name <b>LIME TREE CENTER I CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>1640 PERIWINKLE WAY STE. 2 SANIBEL ISLAND, FL 33957</b>	Mailing Address <b>1640 PERIWINKLE WAY STE. 2 SANIBEL ISLAND, FL 33957</b>
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01262007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1038469</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

<b>THIBAUT, HEIDI 1640 PERIWINKLE WAY STE 2 SANIBEL ISLAND, FL 33957</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 *Heidi Thibaut* 1/29/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

**U00000614494  
02/06/07-80033-015 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D RASI, KEN 1640 PERIWINKLE WAY, UNIT II SANIBEL ISLAND, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WUNDERLIGH, RICHARD 4244 EVANS AVE FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THIBAUT, HEIDI 1640 PERIWINKLE WAY STE III SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD ARUNDEL, LORIN 1640 PERIWINKLE WAY, STE II SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: *LORIN ARUNDEL* 1/29/07 239-  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #