



**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N00000003140</b> 1. Entity Name <b>LIME TREE CENTER I CONDOMINIUM ASSOCIATION, INC.</b>	
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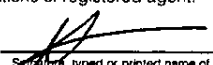
Principal Place of Business <b>1640 PERIWINKLE WAY STE. 2 SANIBEL ISLAND, FL 33957</b>	Mailing Address <b>1640 PERIWINKLE WAY STE. 2 SANIBEL ISLAND, FL 33957</b>
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01182008 No Chg-NP	CR2E037 (4/06)
4. FEI Number <b>65-1038469</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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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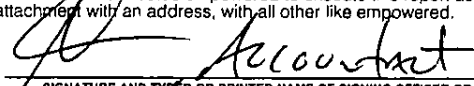
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) <b>1-19-08</b> _____ DATE

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <b>RASI, KEN 1640 PERIWINKLE WAY, UNIT II SANIBEL ISLAND, FL 33957</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD <b>WUNDERLIGH, RICHARD 4244 EVANS AVE FORT MYERS, FL 33901</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>THIBAUT, HEIDI 1640 PERIWINKLE WAY STE III SANIBEL, FL 33957</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD <b>ARUNDEL, LORIN 1640 PERIWINKLE WAY, STE II SANIBEL, FL 33957</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>000000791225 01/23/08-80065-018 61.25</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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:  <b>Accountant</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<b>1-19-08 3395-1213</b> _____ Date Daytime Phone #