

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003140

FILED  
Apr 03, 2009  
Secretary of State

**Entity Name:** LIME TREE CENTER I CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1640 PERIWINKLE WAY  
STE. 2  
SANIBEL ISLAND, FL 33957

**New Principal Place of Business:**

**Current Mailing Address:**

1640 PERIWINKLE WAY  
STE. 2  
SANIBEL ISLAND, FL 33957

**New Mailing Address:**

**FEI Number:** 65-1038469

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THIBAUT, HEIDI  
1640 PERIWINKLE WAY  
STE 2  
SANIBEL ISLAND, FL 33957 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete  
Name: RASI, KEN  
Address: 1640 PERIWINKLE WAY, UNIT II  
City-St-Zip: SANIBEL ISLAND, FL 33957

Title: VPSD ( ) Delete  
Name: WUNDERLIGH, RICHARD  
Address: 4244 EVANS AVE  
City-St-Zip: FORT MYERS, FL 33901

Title: VD ( ) Delete  
Name: THIBAUT, HEIDI  
Address: 1640 PERIWINKLE WAY STE III  
City-St-Zip: SANIBEL, FL 33957

Title: VPTD ( ) Delete  
Name: ARUNDEL, LORIN  
Address: 1640 PERIWINKLE WAY, STE II  
City-St-Zip: SANIBEL, FL 33957

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

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

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 exemption stated 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 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: KEN RASI

P

04/03/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date