

NO2116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

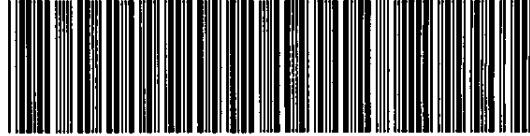
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 SEP 24 PM 12:49

SEP 29 2015
C LEWIS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 16, 2015

BETTY GADD / LIME TREE VILLAGE COMMUNITY CLUB ASSN
5303 GATEWAY AVE.
ORLANDO, FL 32821 US

SUBJECT: LIME TREE VILLAGE COMMUNITY CLUB ASSOCIATION, INC.
Ref. Number: N02116

We have received your document for LIME TREE VILLAGE COMMUNITY CLUB ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 515A00019493

Registered Agent Name Address

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LIME TREE VILLAGE COMMUNITY CLUB ASSN. INC.
Name of Corporation

DOCUMENT NUMBER: NO2116

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BETTY CADD
Name of Contact Person
LIME TREE VILLAGE COMMUNITY CLUB ASSN. INC.
Firm/Company
5303 GATEWAY AVE.
Address
ORLANDO, FL 32821
City/State and Zip Code
LIMETREEVILLAGE@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BETTY CADD, PRESIDENT at 407, 351-3551
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

LIME TREE VILLAGE COMMUNITY CLUB ASSOCIATION, INC.

5303 Gateway Avenue Orlando, FL 32821

Tel: 407-351-3551

Fax: 407-352-6542

September 24, 2015

Dear Carolyn,

We are returning the enclosed form. The registered agent is Betty Gadd and she has signed the form.

Sincerely,

Kathy Figueroa, CAM

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Corp. Annual
Rep. 35.00

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LIME TREE VILLAGE COMMUNITY CLUB ASSN. INC.
2. The principal office address: 5303 GATEWAY AVE.
ORLANDO, FL 32821
3. The mailing address (if different): N/A
4. Date of incorporation/qualification: 3/22/1984 Document number: N02116
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
LAW OFFICES OF JOHN L. DiMASI
801 NO. ORANGE AVE
ORLANDO, FL 32801

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

BETTY CADD
5303 GATEWAY AVE
ORLANDO, FL 32821
P.O. Box NOT acceptable

15 SEP 24 PM 12:49
SECRETARY OF STATE
DIVISION OF CORPORATIONS

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Betty L. Gadd
Signature of an officer or director

BETTY CADD, PRESIDENT
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

(SAME)
Signature of Registered Agent

9-8-15
Date

If signing on behalf of an entity:

BETTY CADD
Typed or Printed Name

*** FILING FEE: \$35.00 ***