

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90030 017 \*\*\*\*61.25

<b>DOCUMENT # N16393</b> 1. Entity Name <b>LIMONA PLACE HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>1404 OXFORDSHIRE CT</b> <b>BRANDON, FL 33510-2801 US</b>			Mailing Address <b>1404 OXFORDSHIRE CT</b> <b>BRANDON, FL 33510-2801 US</b>		
2. Principal Place of Business - No P.O. Box # <b>902 STRATFORD MANOR DR.</b>		3. Mailing Address <b>902 STRATFORD MANOR DR.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>BRANDON, FL.</b>		City & State <b>BRANDON, FL.</b>		4. FEI Number <b>59-2706230</b>	
Zip <b>33510</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>VALERI, RICHARD J</b> <b>1404 OXFORDSHIRE CT</b> <b>BRANDON, FL 33510-2801</b>		7. Name and Address of New Registered Agent Name <b>DONALD OLESON</b> Street Address (P.O. Box Number is Not Acceptable) <b>902 STRATFORD MANOR DR.</b> City <b>BRANDON</b> <b>FL</b> Zip Code <b>33510</b>			
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><i>Donald Oleson</i></u> , <b>DONALD OLESON</b> <span style="float: right;">03/30/07</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BOZAK, RICHARD</b> <b>918 STRATFORD MANOR</b> <b>BRANDON, FL 33510</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DONALD OLESON</b> <b>902 STRATFORD MANOR DR.</b> <b>BRANDON, FL 33510</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <input type="checkbox"/> Delete <b>STANSEL, SANDI</b> <b>904 STRATDFORD MANOR DR</b> <b>BRANDON, FL 33510</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>MAUREEN MONTALVO</b> <b>1406 OXFORDSHIRE CT.</b> <b>BRANDON, FL. 33510</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input checked="" type="checkbox"/> Delete <b>VALERI, RICHARD J</b> <b>1404 OXFORDSHIRE CT.</b> <b>BRANDON, FL 33510</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <input checked="" type="checkbox"/> Delete <b>MARTIN, LESLEY</b> <b>1405 OXFORDSHIRE CT</b> <b>BRANDON, FL 33510</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <input type="checkbox"/> Delete <b>MUELLAR, BRENDA</b> <b>923 STRATFORD MANOR DR</b> <b>BRANDON, FL 33510</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>OMLER, ERIC</b> <b>903 STRATFORD MANOR DR</b> <b>BRANDON, FL 33510</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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><i>Donald Oleson</i></u> <b>DONALD OLESON</b> <span style="float: right;">03/30/07 813 685 4710</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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01302007 Chg-NP CR2E037 (12/06)