

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16393

FILED
Mar 27, 2008
Secretary of State

Entity Name: LIMONA PLACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

902 STRATFORD MANOR DR
RUSKIN, FL 33570 US

New Principal Place of Business:

902 STRATFORD MANOR DR
BRANDON, FL 33510 US

Current Mailing Address:

902 STRATFORD MANOR DR
RUSKIN, FL 33570 US

New Mailing Address:

902 STRATFORD MANOR DR
BRANDON, FL 33510 US

FEI Number: 59-2706230

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLESON, DONALD
902 STRATFORD MANOR DR
BRANDON, FL 335102801 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: TD () Delete
Name: OLESON, DONALD
Address: 902 STRATFORD MANOR DR
City-St-Zip: BRANDON, FL 33510

Title: PD () Delete
Name: STANSEL, SANDI
Address: 904 STRATDFORD MANOR DR
City-St-Zip: BRANDON, FL 33510

Title: VD () Delete
Name: MUELLAR, BRENDA
Address: 923 STRATFORD MANOR DR
City-St-Zip: BRANDON, FL 33510

Title: D () Delete
Name: MAUREEN, MONTALVO
Address: 1406 OXFORDSHIRE CT
City-St-Zip: BRANDON, FL 33510

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: DONALD OLESON

TD

03/27/2008

Electronic Signature of Signing Officer or Director

Date