

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 26 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N50758 (4)
 1. Corporation Name
**LIMESTONE CREEK COMMUNITY DEVELOPMENT CORPORATIO
 N**



Principal Place of Business Mailing Address
 6784 CHURCH STREET 6784 CHURCH STREET
 JUPITER FL 33458-3825 JUPITER FL 33458-3825

3. Date Incorporated or Qualified
 09/04/1992

4. FEI Number
 65-0382443

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent
 SCOTT, WILLIE
 6784 CHURCH STREET
 JUPITER FL 33458

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	SCOTT, WILLIE	1.2 NAME	Tisdale CHARMAINE
STREET ADDRESS	6784 CHURCH STREET	1.3 STREET ADDRESS	6099 4th STREET
CITY-ST-ZIP	JUPITER FL	1.4 CITY-ST-ZIP	JUPITER FL 33458
TITLE	SD	2.1 TITLE	D
NAME	SCOTT, CELESTINE	2.2 NAME	GERALD CHRISTIAN
STREET ADDRESS	6784 CHURCH STREET	2.3 STREET ADDRESS	6644 4th STREET
CITY-ST-ZIP	JUPITER FL 33458-3825	2.4 CITY-ST-ZIP	JUPITER FL 33458
TITLE	D	3.1 TITLE	KELVIN WISE - D
NAME	CAMPBELL, DEBRA	3.2 NAME	
STREET ADDRESS	6806 4TH STREET	3.3 STREET ADDRESS	6710 4th STREET
CITY-ST-ZIP	JUPITER FL	3.4 CITY-ST-ZIP	JUPITER FLORIDA 33458
TITLE	D	4.1 TITLE	DAVID HATCHER - D
NAME	FREEMAN, THELMA	4.2 NAME	
STREET ADDRESS	7107 JACKSON STREET	4.3 STREET ADDRESS	6829 4th STREET
CITY-ST-ZIP	JUPITER FL	4.4 CITY-ST-ZIP	JUPITER FL 33458
TITLE	D	6.1 TITLE	NATHANIEL CHANEY
NAME	BEASLEY, GLORIA	6.2 NAME	
STREET ADDRESS	7150 181ST STREET	6.3 STREET ADDRESS	17674 CARVER AVE.
CITY-ST-ZIP	JUPITER FL	6.4 CITY-ST-ZIP	JUPITER FL 33458
TITLE	D	6.1 TITLE	
NAME	TISDALE, CHARMAINE	6.2 NAME	
STREET ADDRESS	6699 4TH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	6.4 CITY-ST-ZIP	

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Willie Scott* 7/20/98 744-9677

CR2E037 (5/98)