

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 760140

**Entity Name:** LIMETREE PARK CONDOMINIUM, INC.

**Current Principal Place of Business:**

244 LIMETREE PARK DR.  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

244 LIMETREE PARK DR.  
BONITA SPRINGS, FL 34135 US

**FEI Number: 59-2249742**

**Certificate of Status Desired: Yes**

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

KATZMAN GARFINKEL & BERGER  
5297 W. COPANS RD.  
MARGATE, FL 33063 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BRUMMEL, STANLEY E  
Address        42 LIMETREE PARK DR.  
City-State-Zip: BONITA SPRINGS FL 34135

Title            VP & TREASURER  
Name            WOOD, JAMES  
Address        11680 JEFFERSON ROAD  
City-State-Zip: OSCEOLA IN 46561

Title            SECRETARY  
Name            CAMILLERI, ED  
Address        1548 EDUCATION COURT  
City-State-Zip: LEHIGH ACRES FL 33971

Title            DIRECTOR  
Name            CROSS, JEANNE  
Address        7 LIMETREE PARK DR.  
City-State-Zip: BONITA SPRINGS FL 34135

Title            DIRECTOR  
Name            CARRINO, NICK  
Address        104 LIMETREE PARK DR.  
City-State-Zip: BONITA SPRINGS FL 34135

Title            DIRECTOR  
Name            MARTIN, BRIAN  
Address        224 LIMETREE PARK DRIVE  
City-State-Zip: BONITA SPRINGS FL 34135

*I hereby 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 all other like empowered.*

**SIGNATURE: ED CAMILLERI**

**SECRETARY**

**01/08/2014**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date