

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # 759311 (4)

1. Corporation Name
LITTLE GULL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 5330 GULF OF MEXICO DR. LONGBOAT KEY FL 34228
Mailing Address: 5330 GULF OF MEXICO DR. LONGBOAT KEY FL 34228

3. Date Incorporated or Qualified: 07/27/1981
3a. Date of Last Report: 02/13/1995
4. FEI Number: 59-2109923
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
**CUNNINGHAM PROPERTY MANAGEMENT CORP.
1030 SEASIDE DRIVE
SARASOTA FL 34242**

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: _____ DATE: _____
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	RICE, ALEXANDRA	
STREET ADDRESS	13802 SUPREME PL	
CITY-ST-ZIP	TAMPA FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BURTON, LINDA	
STREET ADDRESS	2514 51ST AVE TER W	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BANDSTRA, BERNARD	
STREET ADDRESS	23304 52ND ST, CT. W	
CITY-ST-ZIP	BRADENTON FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	WAGLE, ROY	
STREET ADDRESS	10837 VENICE CIRCLE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TOLLE, DIRK	
STREET ADDRESS	2914 PONDEROSA TRAIL	
CITY-ST-ZIP	WIMAUMA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	STAECKER, DEL
1.3 STREET ADDRESS	1053 Baywinds Lane
1.4 CITY-ST-ZIP	SARASOTA, FL 34231
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BURTON, LINDA
2.3 STREET ADDRESS	2514 51ST AVE TER W
2.4 CITY-ST-ZIP	BRADENTON, FL 34207
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BANDSTRA, BERNARD
3.3 STREET ADDRESS	23304 52nd ST, CT. W.
3.4 CITY-ST-ZIP	BRADENTON, FL 34209
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LOHNER, JIM
4.3 STREET ADDRESS	2002 TOCOBAYA LANE
4.4 CITY-ST-ZIP	NOKOMIS, FL 34275
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TOLLE, DIRK
5.3 STREET ADDRESS	2914 PONDEROSA TRAIL
5.4 CITY-ST-ZIP	WIMAUMA, FL 33598
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, and on an attachment with an address.

SIGNATURE: _____ DATE: 4-13-96 DAYTIME PHONE #: 941-383-8818

CR2E037 (12/95)