

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759311

FILED
Jan 13, 2009
Secretary of State

Entity Name: LITTLE GULL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5330 GULF OF MEXICO DR.
LONGBOAT KEY, FL 34228

New Principal Place of Business:

Current Mailing Address:

5330 GULF OF MEXICO DR.
LONGBOAT KEY, FL 34228

New Mailing Address:

FEI Number: 59-2109923

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUNNINGHAM PROPERTY MANAGEMENT CORP.
1030 SEASIDE DRIVE
SARASOTA, FL 34242 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: D () Delete
Name: FLANAGAN, BARBARA
Address: 186 MONTELLUNA DRIVE
City-St-Zip: NOKOMIS, FL 34275

Title: D () Delete
Name: RISSMAN, MICHAEL
Address: 1884 GROVE STREET
City-St-Zip: SARASOTA, FL 34239

Title: ST () Delete
Name: LOHNER, JIM
Address: 2002 TOCOBAYA LANE
City-St-Zip: NOKOMIS, FL 34275

Title: P () Delete
Name: DIRK, TOLLE
Address: 2914 PONDEROSA TRAIL
City-St-Zip: WIMAUMA, FL 33958

Title: V () Delete
Name: COLWELL, FRANK
Address: 2827 WOLVERINE ST
City-St-Zip: SARASOTA, FL 34245

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FLANAGAN, BARBARA
Address: 210 BELLA VISTA TERRACE UNIT 30-D
City-St-Zip: N VENICE, FL 34275

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: LOHNER, DEBORAH
Address: 4490 VIA DEL VILLENTI
City-St-Zip: VENICE, FL 34293

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: COLWELL, FRANK
Address: 508 44TH AVENUE E LOT T-6
City-St-Zip: BRADENTON, FL 34203

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: DIRK TOLLE

P

01/13/2009

Electronic Signature of Signing Officer or Director

Date