

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 13, 2003 8:00 am  
Secretary of State

02-13-2003 90208 007 \*\*\*\*70.00

DOCUMENT # 759311



1. Entity 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**

**90025094**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2109923**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CUNNINGHAM PROPERTY MANAGEMENT CORP.  
1030 SEASIDE DRIVE  
SARASOTA FL 34242**

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

8. 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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW: FEE IS \$61.25**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>NICOLLE, EDGAR</b>	
STREET ADDRESS	<b>3612 S HIMES AVE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33629</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SCHMIDT, KENNETH</b>	
STREET ADDRESS	<b>302 LA COSTA</b>	
CITY-ST-ZIP	<b>NOKOMIS FL 34275</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>LOHNER, JIM</b>	
STREET ADDRESS	<b>2002 TOCOBAYA LANE</b>	
CITY-ST-ZIP	<b>NOKOMIS FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>TOLLE, DIRK</b>	
STREET ADDRESS	<b>2914 PONDEROSA TRAIL</b>	
CITY-ST-ZIP	<b>WIMAUMA FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>COLWELL, FRANK</b>	
STREET ADDRESS	<b>2827 WOLVERINE ST</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Barbara Flanagan</b>	
STREET ADDRESS	<b>2015 Calusa Lakes Blvd</b>	
CITY-ST-ZIP	<b>NOKOMIS FL 34275</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** Tolle, President 02/03/03 813 872-1304

CR2E037 (10/02)