

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90033 013 \*\*\*\*61.25

**DOCUMENT # N02000002058**



1. Entity Name

LITTLE OCEAN PLACE, INC.

Principal Place of Business

1501 NE OCEAN BLVD  
STUART FL 34996

Mailing Address

7136 S.E. OSPREY ST  
HOBE SOUND FL 33455



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

*Primo Mar of Jupiter*  
400 Torrey Lenox Drive

1st MOORE CR2E037 (10/05)

City & State

City State  
*Jupiter FL*

4. FEI Number

59-1662796

Applied For

Not Applicable

Zip

Country

Zip  
*33458*

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DICKINSON MANAGEMENT  
7136 S.E. OSPREY ST  
HOBE SOUND FL 33455

7. Name and Address of New Registered Agent

Name

*Primo Mar of Jupiter*

Street Address (P.O. Box Number is Not Acceptable)

*400 Torrey Lenox Dr*

City

*Jupiter*

FL

Zip Code

*33458*

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

*Jo. Oscar De J. to*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

*3/1/06*

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	SWAFORD, T.J.	1501 NE OCEAN BLVD	STUART FL 34996	<input checked="" type="checkbox"/>
VD	PADRON, ALBERTO	1501 NE OCEAN BLVD	STUART FL 34996	<input type="checkbox"/>
SD	IRIMIA, MANUEL	1501 NE OCEAN BLVD	STUART FL 34996	<input type="checkbox"/>
TD	GONZALES, GERALD	1501 NE OCEAN BLVD	STUART FL 34996	<input checked="" type="checkbox"/>
P	KOHUT, BEVERLY	1501 NE OCEAN BLVD.	STUART FL 34996	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Beverly Kohut*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/21/06 772-225-8896*

DATE

PHONE NUMBER