

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003736

1. Entity Name

LITTLE HARBOUR HOMEOWNERS' ASSOCIATION, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90090 030 ****61.25

Principal Place of Business 10407 CENTURION PARKWAY, NORTH SUITE 108 JACKSONVILLE FL 32256 US	Mailing Address 10407 CENTURION PARKWAY, NORTH STE 108 JACKSONVILLE FL 32256-0570 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2177 GORDON DRIVE Suite, Apt. #, etc.	3. Mailing Address 2177 GORDON DRIVE Suite, Apt. #, etc.
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City & State NAPLES, FLORIDA	City & State NAPLES, FLORIDA	4. FEI Number 59-3326942	Applied For Not Applicable
Zip 34102	Country USA	Zip 34102	Country USA

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

6. Name and Address of Current Registered Agent
 THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 Name: LINDSAY ROCCO
 Street Address (P.O. Box Number is Not Acceptable): 2177 GORDON DRIVE
 City: NAPLES FL Zip Code: 34102

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.

SIGNATURE: *Lindsay C. Rocco* LINDSAY C. ROCCO DATE: 3-23-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE: PD NAME: MCNEILL, DOUGLAS W STREET ADDRESS: 10407 CENTURION PARKWAY, NORTH, SUITE 108 CITY-ST-ZIP: JACKSONVILLE FL 32256	<input type="checkbox"/> Delete
TITLE: ST NAME: LYNN, SHARON A STREET ADDRESS: 10407 CENTURION PARKWAY, NORTH, SUITE 108 CITY-ST-ZIP: JACKSONVILLE FL 32256	<input type="checkbox"/> Delete
TITLE: VD NAME: CUBBAGE, GILBERT G STREET ADDRESS: 10407 CENTURION PARKWAY, NORTH, SUITE 108 CITY-ST-ZIP: JACKSONVILLE FL 32256	<input type="checkbox"/> Delete
TITLE: D NAME: STRAIN, RONALD R. STREET ADDRESS: 295 LITTLE HARBOUR LANE CITY-ST-ZIP: NAPLES FL 34102	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: RONALD R. STRAIN STREET ADDRESS: 2177 GORDON DRIVE CITY-ST-ZIP: NAPLES, FL. 34102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: GLENN J. BALENGER STREET ADDRESS: 2177 GORDON DRIVE CITY-ST-ZIP: NAPLES, FL. 34102	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: TD NAME: GEORGE H. PETTWAY STREET ADDRESS: 2177 GORDON DRIVE CITY-ST-ZIP: NAPLES, FL. 34102	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: LELAND H. DAVENPORT STREET ADDRESS: 2177 GORDON DRIVE CITY-ST-ZIP: NAPLES, FL. 34102	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: CARL NAGEL STREET ADDRESS: 2177 GORDON DRIVE CITY-ST-ZIP: NAPLES, FL. 34102	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 3/23/00 DAYTIME PHONE #: 941-643-5628

CR2E037 (9/99)