2001 UNIFORM BUSINESS REPÓRT (UBR)

Mar 01, 2001 8:00 am DOCUMENT # N95000003736 **Secretary of State** 1. Entity Name 03-01-2001 91319 017 ****61.25 LITTLE HARBOUR HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 2177 GORDON DR 2177 GORDON DR NAPLES FL 34102 NAPLES FL 34102 C0028135 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3326942 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ROCCO, LINDSAY 2177 GORDON DR NAPLES FL 34102 City Zip Code FI 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 (10/00)Change TITLE PD **Addition** TITLE Delete MAME MCNEILL, DOUGLAS W NAME GLENN BALLENGER STREET ADDRESS STREET ADDRESS 2177 GORDON DR 2177 GORDON DR. CR2E037 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34102 LAPLES FL. 34102 **Change 1** Addition TITLE 🔀 Delete TITLE ハワ NAME LYNN, SHARON A NAME CARL NAGEL STREET ADDRESS 10407 CENTURION PKWY N STE STREET ADDRESS 77 GORDON DR CITY-ST-ZIP CITY-ST-7IP NAPLES FL 34102 ___Change TITLE ٧D Delete TITLE Addition らり CUBBAGE, GILBERT G NAME NAME JOHN GOEBEL 2177 GORDON DE STREET ADDRESS 10407 CENTURION PKWY N STE 108 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 34102 Jacksonville FL 32258 Change TITLE Addition TITLE Delete 🕽 てつ NAME STRAIN, RONALD R. JEORGE PETTILL STREET ADDRESS STREET ADDRESS 295 LITTLE HARBOR LANE 177 GORDON DR CITY-ST-ZIP CITY-ST-ZIF NAPLES FL 34102 ☐ Delete TITLE **X** Change Addition TITLE LELAND DAVENPORT NAME STREET ADDRESS STREET ADDRESS 177 GORDON DR. CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 cath; 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRISIDENT

94126984E

Daytime Phone #

FILED