

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 27, 2002 8:00 am**  
**Secretary of State**

02-27-2002 90075 037 \*\*\*\*61.25

**DOCUMENT # N95000003736**

1. Entity Name

**LITTLE HARBOUR HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

2177 GORDON DR  
 NAPLES, FL 34102  
 US

2177 GORDON DR  
 NAPLES FL 34102  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3326942**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~ROCCO, LINDSAY  
 2177 GORDON DR  
 NAPLES FL 34102~~

7. Name and Address of New Registered Agent

Name **JAMES E LAVINSKI**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2177 GORDON DR**  
 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 James E Lavinski, Assn Mgr DATE 2-14-02  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
PD	BALLENGER, GLENN		
2177 GORDON DR.			
NAPLES FL 34102			
VD	NAGEL, CARL		
2177 GORDON DRIVE			
NAPLES FL 34102			
SD	GOEBEL, JOHN		
2177 GORDON DRIVE			
NAPLES FL 34102			
TD	PETTWAY, GEORGE		
2177 GORDON DRIVE			
NAPLES FL 34102			
TD	DAVENPORT, LELAND		
2177 GORDON DRIVE			
NAPLES FL 34102			

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 reports 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 DATE 2/14/02 94 261-7716  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/01)