

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003736

FILED  
Feb 23, 2010  
Secretary of State

**Entity Name:** LITTLE HARBOUR HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

2177 GORDON DR  
NAPLES, FL 34102 US

**New Principal Place of Business:**

**Current Mailing Address:**

2177 GORDON DR  
NAPLES, FL 34102 US

**New Mailing Address:**

FEI Number: 59-3326942

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DODSON, TOM L  
2177 GORDON DR  
NAPLES, FL 34102 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: KNAPHEIDE, HAROLD  
Address: 255 LITTLE HARBOUR LANE  
City-St-Zip: NAPLES, FL 34102

Title: S  
Name: EIDE, LULIE  
Address: 340 LITTLE HARBOUR LN  
City-St-Zip: NAPLES, FL 34102

Title: VP T  
Name: SEASS, ROBERT  
Address: 248 LITTLE HARBOUR LANE  
City-St-Zip: NAPLES, FL 34102

Title: D  
Name: STRAIN, LAURA  
Address: 295 LITTLE HARBOUR LANE  
City-St-Zip: NAPLES, FL 34102

Title: P  
Name: SIGEL, LLOYD  
Address: 265 LITTLE HARBOUR LANE  
City-St-Zip: NAPLES, FL 34102

Title: D  
Name: KELLER, ALAN  
Address: 298 LITTLE HARBOUR LN  
City-St-Zip: NAPLES, FL 34102

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TOM L. DODSON

MGR

02/23/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date