


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2005 08:00 AM
Secretary of State

DOCUMENT # 714201 1. Entity Name THE LITTLE CLUB, INC.	
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Principal Place of Business 100 LITTLE CLUB RD. DELRAY BEACH, FL 33483	Mailing Address 100 LITTLE CLUB RD. DELRAY BEACH, FL 33483
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03042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1209498	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SAUCIER, HELEN 12223 FOREST GREEN DRIVE BOYNTON BEACH, FL 33437	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BROWN, DOUGLAS A 4527 SANDERLING CIRCLE WEST BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD YOUNG, NANCY O 4475 NORTH OCEAN BLVD. #44-G DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PHELPS, PHILIP 86 MACFARLAND DR., APT 4-J DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARVEY, JOYCE 12 DRIFTWOOD LANDING GULF STREAM, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EDINGER, JOHN S 1209 CRESTWOOD DRIVE DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEIDENSTICKER, HERBERT 11 SLASH PINE DRIVE BOYNTON BEACH, FL 33436

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03/14/05-80043-005 61.25

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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:  3/10/05 561 228-1010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #