


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90191 012 ****61.25

| | | | | | |
|--|--|---|---|---|--|
| DOCUMENT # 703821 1. Entity Name YE LITTLE WOOD ASSOCIATION INC | | | |  | |
| Principal Place of Business C/O AMY CASEY 3963 WOOD AVE MIAMI, FL 33133 | | | Mailing Address 3963 WOOD AVE MIAMI, FL 33133 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0331590 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SANDLER, LEE 3845 WOOD AVE MIAMI, FL 33133 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MORRIS, JOHN 3803 LITTLE AVE COCONUT GROVE, FL 33133 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD LIVINGSTONE, PATRICIA 3839 WOOD AVENUE COCONUT GROVE, FL 33133 |
| <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD CASEY, AMY 3963 WOOD AVE COCONUT GROVE, FL 33133 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SANDLER, LEE 3845 WOOD AVE COCONUT GROVE, FL 33133 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MERLIN, MICHELLE 3960 WOOD AVENUE COCONUT GROVE FL 33133 |
| <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD MERLIN, MICHELLE 3960 WOOD AVE COCONUT GROVE, FL 33133 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD JOSEPH FALOWITZ 3910 LITTLE AVENUE COCONUT GROVE FL 33133 |
| <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Amy K. Casey</i></u> AMY K. CASEY 4/27/08 305-667-3881 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

60033815



04272008 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

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

FL Zip Code

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|--|
| TITLE | SD MORRIS, JOHN | <input checked="" type="checkbox"/> Delete |
| NAME | 3803 LITTLE AVE | |
| STREET ADDRESS | COCONUT GROVE, FL 33133 | |
| CITY-ST-ZIP | | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | CASEY, AMY | |
| STREET ADDRESS | 3963 WOOD AVE | |
| CITY-ST-ZIP | COCONUT GROVE, FL 33133 | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | SANDLER, LEE | |
| STREET ADDRESS | 3845 WOOD AVE | |
| CITY-ST-ZIP | COCONUT GROVE, FL 33133 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | MERLIN, MICHELLE | |
| STREET ADDRESS | 3960 WOOD AVE | |
| CITY-ST-ZIP | COCONUT GROVE, FL 33133 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------------|--|
| TITLE | SD LIVINGSTONE, PATRICIA | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 3839 WOOD AVENUE | |
| STREET ADDRESS | COCONUT GROVE, FL 33133 | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MERLIN, MICHELLE | |
| STREET ADDRESS | 3960 WOOD AVENUE | |
| CITY-ST-ZIP | COCONUT GROVE FL 33133 | |
| TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOSEPH FALOWITZ | |
| STREET ADDRESS | 3910 LITTLE AVENUE | |
| CITY-ST-ZIP | COCONUT GROVE FL 33133 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Amy K. Casey **AMY K. CASEY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #