

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703821

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: YE LITTLE WOOD ASSOCIATION INC

**Current Principal Place of Business:**

C/O AMY CASEY  
3963 WOOD AVE  
MIAMI, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

3963 WOOD AVE  
MIAMI, FL 33133

**New Mailing Address:**

FEI Number: 65-0331590

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SANDLER, LEE  
3845 WOOD AVE  
MIAMI, FL 33133 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: SD ( ) Delete  
Name: LIVINGSTONE, PATRICIA  
Address: 3839 WOOD AVE  
City-St-Zip: COCONUT GROVE, FL 33133

Title: TD ( ) Delete  
Name: CASEY, AMY  
Address: 3963 WOOD AVE  
City-St-Zip: COCONUT GROVE, FL 33133

Title: PD ( ) Delete  
Name: MERLIN, MICHELLE  
Address: 3960 WOOD AVE  
City-St-Zip: COCONUT GROVE, FL 33133

Title: VD ( ) Delete  
Name: FALOWITZ, JOSEPH  
Address: 3910 LITTLE AVE  
City-St-Zip: COCONUT GROVE, FL 33133

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: AMY CASEY

TD

04/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date