1-24-97 B-0734-C

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE -

FILED

Jan 24 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

707751

(4)

LITTLE RIVER CLUB, INC.

Principal Place	e of Business	Mailing Address)	JAH BEBUH BEBUI DA	iBII BIBII 1886
755 NE 79TH S' MIAMI FL 33138		755 NE 79TH ST MIAMI FL 33138-4711									
							 Date Incorporated or Quality 08/27/1964 	alified		ate of Last R 03/05/19	
2. Principal Pla	ace of Business	2a. Mailing Address					4. FEI Number			Ar	oplied For
Suite, Apt. 4	# ele	Suite, Apt. #, etc.					59-1677644				ot Applicable
22		27					5. Certificate of Status Desired \$8.75 Additional Fee Required				
City & State	9	City & State					6. Election Campaign Finan	.cing	_	\$5.00	
23 Zip	Country	28	Соц	oto.			Trust Fund Contribution		<u> </u>	Added (
24	25 29 30						8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
	9. Name and Address of Current					10. Name and Address of New					
		***************************************		81	Name						
HARDISC	on, robert r	•		82	Stroot	Addron	on (P.O. Boy Number in Not A	acontoble		······································	
9674 NW 10TH AVE #F616 # B - 24/				82 Street Address (P.O. Box Number is No					3)		
MIAMI FL		8									
				84	City			······	FI	85 Zip (Code
11. Pursuant t	o the provisions of Sections 617.0502	and 617.1508, Florida Statu	tes, the al	bove	-named	corpor	ation submits this statement f	or the pu	IDOSe O	f changing it	s registered
office or re	egistered agent, or both, in the State on familiar with, and accept the obligation	of Florida, Such change was	authorized	d bv	the con	poration	n's board of directors. I hereb	y accept	the app	ointment as	registered
SIGNATURE	and decopy the conga	.0.00, 000.00.00, 11	onda olai		•						
	Signature, typed or printeo name of registered agen	cand title Lapplicable. (NO	TE: Registere	d Ager	nt signature	beriuper e	when reinstating)		DATE		
12.	OFFICERS AND		13.			γ	ADDITIONS/CHANGES TO) OFFICE	ERS AND		
TITLE	STD	☐ DELETE	1.1 TITLE							Change	Addition
NAME	HARDISON, ROBERT R		1.2 N								
STREET ADDRESS	9674 NW 10TH AVE #F616					96	74 NW 10 AVE #	10-2	41		
CITY-ST-ZIP TITLE	MIAMI FL D	DELETE	1.4 CI 2 1 TI		r - ZiP	ļ				Change	Addition
NAME	ROBERTSON, KARL		22 N							CT Cuante	L. Addition
STREET ADDRESS	1370 NE 119 STREET				ADDRESS						
CITY-ST-ZIP	MIAMI, FL 00000		2.40				•				
TITLE	D	☐ DELETE	3.1 TI			····				Change	☐ Addition
NAME	PEACOCK, WILLIAM		3.2 N/	AME							
STREET ADDRESS	914 N.W. 80TH STREET		3.3 ST	FREET	ADDRESS						
CITY-ST-ZIP	MIAMI FL		3.4. C	ITY-S	T-ZIP						
TITLE	DM	☐ DELETE	4 1 TI	TLE						Change	☐ Addition
NAME	Yurka, Frank		4.2 N	IAME							
STREET ADDRESS	12000 NE 16TH AVE #B230		4.3 ST	FREET.	ADDRESS						
CITY - ST - ZIP	NORTH MIAMI FL	DELETE	_	ITY - \$1	T-ZIP	<u> </u>				[] A	- 1 a m
TITLE	D DOUBLEV LITHOUGH	(X) DETEIL	5.1 11			$ D_{ij}$	WALLAND IN LIA	000		Change	Addition
NAME CENTER ADORESE	BOULAY, HENRY M.		52 N/		******	10	UKKANIK, MA	ere q			
STREFT ADDRESS	9674 NW 10 AVENUE #A174 MIAMI FL				ADORESS	68	UZNARIK, HA RNW 100 STREE AMI SHORES, F	1 00			
CITY-ST-ZIP TITLE	MIAMI FL D	DELETE	5.4 CI 6.1 TI		1 - ZIP	////	IMMI & HONGO, F	L 23	130	Change	Addition
NAME	HEADRICK, RONNIE		6.2 N							FEN AURINA	
STREET ADDRESS	246 N.E. 105TH ST.				ADDRESS	45	ONE 64 ST. #	63	05		
CITY-ST-ZIP	MIAMI SHORES FL		6.4 CI			1 '	AMI FL 33/38				
14. I do hereb	ov certify that the information supplied	with this filing does not qual	ify for the	exel	mption s	stated in	Section 119.07(3)(i). Florida	Statutes	. I furthe	r certify that	the
I am an of	n indicated on this annual report or sufficer or director of the corporation or to Block 12 or Block, 13 if changed, or	the receive/ or trustee empoy	wered to e	XOCU XOC	ute this i	report a	iy signature shall have the sai as required by Chapter 617, F	ne legai Iorida Str	enect as atutes; a	s if made und and that my r	uer oath; that name

SIGNATURE: LO LINE TO PRINTED NAME OF SHANKS OFFICER OF DIRECTOR