

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 707751 (4)
 1. Corporation Name
LITTLE RIVER CLUB, INC.



Principal Place of Business 755 NE 79TH ST MIAMI FL 33138	Mailing Address 755 NE 79TH ST MIAMI FL 33138
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3. Date Incorporated or Qualified
08/27/1964

4. FEI Number
59-1677644

Applied For
 Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

HARDISON, ROBERT R
9674 NW 10TH AVE #B-241
MIAMI FL 33150

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDISON, ROBERT R	1.2 NAME	
STREET ADDRESS	9674 NW 10TH AVE #B-241	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTSON, KARL	2.2 NAME	
STREET ADDRESS	1370 NE 119 STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 00000	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEACOCK, WILLIAM	3.2 NAME	JOHNSON, ALFRED
STREET ADDRESS	914 N.W. 80TH STREET	3.3 STREET ADDRESS	496 NW 165 ST #605A
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL 33169
TITLE	DM <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YURKA, FRANK	4.2 NAME	ESTIVENE, BARBARA
STREET ADDRESS	12000 NE 16TH AVE #B230	4.3 STREET ADDRESS	2723 NW 60 ST.
CITY-ST-ZIP	NORTH MIAMI FL	4.4 CITY-ST-ZIP	MIAMI, FL 33142
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUZNARIK, HARRY	5.2 NAME	
STREET ADDRESS	68 NW 100 ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEADRICK, RONNIE	6.2 NAME	P
STREET ADDRESS	650 NE 64TH ST #G-305	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert R. Headrick* **REQUIRED** Jan. 16 1998 305-759-6332

CR2E037 (10/97)

12 CHANGES ADDITIONAL

7.1 TITLE - 0

7.2 NAME - GUILLES, MYRNA

7.3 ADDRESS - 7924 EAST DAVE #302

7.4 CITY - NORTH DAVY VILLAGE, FL 33141