


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90025 019 \*\*\*\*70.00

|  |                            |  |   |   |  |    |          |
|--|----------------------------|--|---|---|--|----|----------|
| <b>DOCUMENT # 707751</b>   |                            |  |   |                                  |  |    |          |
| <b>1. Entity Name</b><br>LITTLE RIVER CLUB, INC.   |                            |  |   |   |  |    |          |
| <b>Principal Place of Business</b><br>755 NE 79TH ST<br>MIAMI FL 33138   |                            |  | <b>Mailing Address</b><br>755 NE 79TH ST<br>MIAMI FL 33138      |   |  |    |          |
| <b>2. Principal Place of Business</b>  |                            |  | <b>3. Mailing Address</b>                                       |   |  |    |          |
| Suite, Apt. #, etc.  |                            |  | Suite, Apt. #, etc.   |   |  |    |          |
| <b>City &amp; State</b>  |                            |  | <b>City &amp; State</b>   |   |  |    |          |
| <b>Zip</b>   | <b>Country</b>             | <b>Zip</b>   | <b>Country</b>  | <b>4. FEI Number</b><br>59-1677644  |  |    |          |
|  |                            |  |   | Applied For<br>Not Applicable   |  |    |          |
|  |                            |  |   | <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |    |          |
| <b>6. Name and Address of Current Registered Agent</b>   |                            |  | <b>7. Name and Address of New Registered Agent</b>              |   |  |    |          |
| HARDISON, ROBERT R<br>3750 N.E. 169 STREET #108<br>NORTH MIAMI BEACH FL 33160  |                            |  | Name  |   |  |    |          |
|  |                            |  | Street Address (P.O. Box Number is Not Acceptable)              |   |  |    |          |
|  |                            |  | City  |   |  | FL | Zip Code |
|  |                            |  |   |   |  |    |          |
| <b>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.</b>   |                            |  |   |   |  |    |          |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |                            |  |   |   |  |    |          |
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2004</b>   |                            | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>  |  |    |          |
|  |                            |  |   | <b>Make Check Payable to Florida Department of State</b>  |  |    |          |
| <b>10. OFFICERS AND DIRECTORS</b>  |                            |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>    |   |  |    |          |
| TITLE NAME   | STD<br>HARDISON, ROBERT R  | <input type="checkbox"/> Delete  | TITLE NAME  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |    |          |
| STREET ADDRESS   | 3750 N.E. 169 STREET, #108 |  | STREET ADDRESS  |   |  |    |          |
| CITY-ST-ZIP  | NORTH MIAMI BEACH FL 33160 |  | CITY-ST-ZIP   |   |  |    |          |
| TITLE NAME   | D<br>LUGO, EDWIN           | <input type="checkbox"/> Delete  | TITLE NAME  | <del>STD</del>  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |    |          |
| STREET ADDRESS   | 8713 N.E. 8TH CT           |  | STREET ADDRESS  |   |  |    |          |
| CITY-ST-ZIP  | MIAMI FL 33138             |  | CITY-ST-ZIP   |   |  |    |          |
| TITLE NAME   | D<br>FUENTES, FELIX        | <input checked="" type="checkbox"/> Delete   | TITLE NAME  | D<br>CORBETT, GARY  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |    |          |
| STREET ADDRESS   | 650 SW 123 AVE             |  | STREET ADDRESS  | 9674 N.W. 10 AVE #B 54  |  |    |          |
| CITY-ST-ZIP  | MIAMI FL 33184             |  | CITY-ST-ZIP   | MIAMI, FL 33150   |  |    |          |
| TITLE NAME   | D<br>GARCIA, ROBERT        | <input type="checkbox"/> Delete  | TITLE NAME  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |    |          |
| STREET ADDRESS   | 4180 CHASE AVE #3          |  | STREET ADDRESS  |   |  |    |          |
| CITY-ST-ZIP  | MIAMI BEACH FL 33146       |  | CITY-ST-ZIP   |   |  |    |          |
| TITLE NAME   | D<br>JOHNSON, ALFRED V     | <input type="checkbox"/> Delete  | TITLE NAME  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |    |          |
| STREET ADDRESS   | 130 NE 192 STREET          |  | STREET ADDRESS  |   |  |    |          |
| CITY-ST-ZIP  | MIAMI FL 33179             |  | CITY-ST-ZIP   |   |  |    |          |
| TITLE NAME   | D<br>DONAHUE, DANIEL       | <input checked="" type="checkbox"/> Delete   | TITLE NAME  | P<br>BARBARA ESTIVENS   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |    |          |
| STREET ADDRESS   | 13240 N.W. 10 AVE.         |  | STREET ADDRESS  | 2723 N.W. 60 STREET   |  |    |          |
| CITY-ST-ZIP  | MIAMI FL 33168             |  | CITY-ST-ZIP   | MIAMI, FL 33142   |  |    |          |
| <b>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.</b> |                            |  |   |   |  |    |          |
| <b>SIGNATURE:</b> <i>Robert R Hardison S/T/D</i>   |                            |  | Date: <i>Jan. 23, 2004</i> Daytime Phone #: <i>305-759-6332</i> |   |  |    |          |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                            |  | DATE  |   |  |    |          |