


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90067 036 ****70.00

DOCUMENT # 707751
 1. Entity Name
LITTLE RIVER CLUB, INC.




Principal Place of Business Mailing Address
755 NE 79TH ST **755 NE 79TH ST**
MIAMI FL 33138 **MIAMI FL 33138**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E037 (10/04)

4. FEI Number Applied For
59-1677644 Not Applicable

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

6. Name and Address of Current Registered Agent
HARDISON, ROBERT R
3750 N.E. 169 STREET #108
NORTH MIAMI BEACH FL 33160

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	STD	<input type="checkbox"/> Delete
NAME	HARDISON, ROBERT R	
STREET ADDRESS	3750 N.E. 169 STREET, #108	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUGO, EDWIN	
STREET ADDRESS	8713 N.E. 8TH CT	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CORBETT, GARY	
STREET ADDRESS	9674 NW 10 AVE., #B541	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARCIA, ROBERT	
STREET ADDRESS	4180 CHASE AVE #3	
CITY-ST-ZIP	MIAMI BEACH FL 33146	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, ALFRED V	
STREET ADDRESS	130 NE 192 STREET	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ESTIVENE, BARBARA	
STREET ADDRESS	2723 NW 60 ST.	
CITY-ST-ZIP	MIAMI FL 33142	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOVE, LYNN	
STREET ADDRESS	1982 MARSEILLES DR #4	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELL, MILTON	
STREET ADDRESS	600 72 STAGES #1	
CITY-ST-ZIP	MIAMI BEACH FL 33141	

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.

SIGNATURE: Robert R. Hardison Feb. 17, 2005 305.759.6332
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #