


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90020 021 ****70.00

| | | | |
|---|---------|---|---------|
| DOCUMENT # 707751 | |  | |
| 1. Entity 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 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 59-1677644 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | |



1st MOORE CR2E037 (10/07)

| | | | |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| HARDISON, ROBERT R 539 NE 82 TERRACE #5 MIAMI FL 33138 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) 3750 NE 169 STREET - #G-108 | |
| | | City NORTH MIAMI BEACH FL | |
| | | Zip Code 33160 | |

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|---|--|--|
| FILE NOW FEE IS \$61.25 Due By May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
|---|--|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | STD HARDISON, ROBERT R 539 NE 82 TERRACE #5 MIAMI FL 33138 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3750 NE 169 ST. #G-108 NORTH MIAMI BEACH, FL 33160 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D CAULEY, WILLIAM 1331 NE 117 TERRACE MIAMI FL 33161 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D CREWS, NATHANIEL 1664 NE 140 ST MIAMI FL 33181 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D SCOTT SEARLS 450 NE 82 TERRACE - APT. 7 MIAMI FL 33138 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D ESTIVENE, BARBARA 2723 NW 60 STREET MIAMI FL 33142 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D DAVID HESTER 420 NE 115 STREET MIAMI FL 33161 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD JOHNSON, ALFRED V 130 NE 192 STREET MIAMI FL 33179 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 911 NE 209 TERRACE MIAMI, FL 33179 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D SEARS, SCOTT 500 NE 82 TERRACE MIAMI FL 33138 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D RANDY NOBLES 1050 NE 94 STREET MIAMI, FL 33138 |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 April 7, 2008 305.759.6332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

48096630

707751

Block 11 - ADDITIONS

TITLE

D

NAME

THOMAS BURGON

STREET ADDRESS

~~11220~~ 11220 NE 8TH COURT

CITY-ST-ZIP

BISCAYNE PARK, FL 33126