2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2009
Secretary of State

DOCUMENT# 712608

Entity Name: LITTLE HOLLYWOOD IMPROVEMENT ASSOCIATION, INC.

Current Principal Place of Business:

9803 RIVERVIEW
MICCO, FL 32976 US

New Principal Place of Business:

Current Mailing Address:

9803 RIVERVIEW
MICCO, FL 32976 US

New Mailing Address:

9803 RIVERVIEW DR.
MICCO, FL 32976 US

FEI Number: 59-2487126 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MCMANN, BRUCE B D
9803 RIVERVIEW
MICCO, FL 32976 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	MCMANN, BRUCE B	
Address:	9803 RIVERVIEW DR	
City-St-Zip:	MICCO, FL 32958	
Title:	TD	( ) Delete
Name:	MCCAULEY, DIANE M	
Address:	9891 OAK ST	
City-St-Zip:	MICCO, FL 32976	
Title:	SD	( ) Delete
Name:	BENOIT, VICKI	
Address:	9851 RIVERVIEW DRIVE	
City-St-Zip:	MICCCO, FL 32976	
Title:	VP	( ) Delete
Name:	FLEMMING, GLORIA	
Address:	9936 OAK STREET	
City-St-Zip:	MICCO, FL	
Title:	PRES	( ) Delete
Name:	WOODS, JERRY	
Address:	9912 RIVERVIEW DR	
City-St-Zip:	MICCO, FL 32976	
Title:	D	( ) Delete
Name:	WASHER, HARRIET	
Address:	9928 OAK STREET	
City-St-Zip:	MICCO, FL 32976	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE MCCAULEY TREA 03/09/2009

Electronic Signature of Signing Officer or Director — Date