2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #713914

1. Entity Name

LITTLE LAKE HARRIS SHORES CIVIC ASSOCIATION, INC.



FILED Feb 20, 2006 08:00 AM Secretary of State

Principal Place of Business

26603 W COVE DR TAVARES, FL 32778 Mailing Address

26603 W COVE DR TAVARES, FL 32778



DO NOT WRITE IN THIS SPACE

02032006 No Chg-NP CR2E037 (11/05)

| 4, | FEI Number | Applied For |
|----|-------------------------------|--------------------|
| _ | 59-1230664 | Not Applicable |
| 5. | Certificate of Status Desired | \$8.75 Additional |

Tes 1871 06 Designe Prome o

6. Name and Address of Current Registered Agent

BROWN, LARRY 26609 EAST COVE DRIVE TAVARES, FL 32778

SIGNATURE

DO NOT WRITE IN THIS SPACE

| 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 Signature, typed or pxinted name of segistered agent and \$10 at applicable INDTE Registered Agent algorithms (signature required when renstating) DATE | | | | | | | | |
| | Filing Fee is \$61.25 Due by May 1, 2006 | Election Campaign Financ Trust Fund Contribution. | gonic | \$5.00 May Be Added to Fees | | | | |
| 10. OFFICERS AND DIRECTORS | | | | | | | | |
| TITLE HANGE STREET ADDRESS CITY-SI-DP | VP SHROCK, ROGER 13400 COUNTRY CLUB DRIVE TAVARES, FL 32778 | | | | 000000439716 03/02/06-80013-003 61.25 | | | |
| TITLE MAARE STREET ADDRESS CIPY-ST-ZIP | P BROWN, LARRY 26609 EAST COVE DRIVE TAVARES, FL 32778 | | | | | | | |
| TITLE NAME STREET ADDRESS CHY-ST-ZIP | S BRACKEEN, DEANNA 13430 COUNTRY CLUB DRIVE TAVARES, FL 32778 | | | DO | NOT WRITE | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BREITWEISER, JERRY 26618 EAST COVE DRIVE TAVARES, FL 32778 | | | IN ' | THIS SPACE | | | |
| TITLE NAME STREET ADDRESS CCTY-ST-ZIP | T SUGGS, JEAN S 26603 WEST COVE DRIVE TAVARES, FL | | | | - . | | | |
| TIPLE NAME STREET ADDRESS CSTY-ST-ZIP | | | | | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or tracties 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 the empowered. | | | | | | | | |