

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 716495 (7)

1. Corporation Name
LITTLE OCEAN CLUB CONDOMINIUM, INC.



Principal Place of Business: **1457 NE OCEAN BLVD HUTCHINSON ISLAND STUART FL 34996**
Mailing Address: **1457 NE OCEAN BLVD HUTCHINSON ISLAND STUART FL 34996**

3. Date Incorporated or Qualified: **05/05/1969**
3a. Date of Last Report: **12/08/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-1268758		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28		24		30	
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MARIER, JACQUES 1457 NE OCEAN BLVD #26 STUART FL 34996				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

11 Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent's signature required when registering) _____ DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCARDLE, JANE F		1.2 NAME	EVANS, NELL	
STREET ADDRESS	1457 NE OCEAN BLVD., STE. 14		1.3 STREET ADDRESS	1409 CHERRY LANE	
CITY-ST-ZIP	STUART FL 34996		1.4 CITY-ST-ZIP	VIRGINIA BEACH, VA 23454	
TITLE	SD	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COWIN, FRED H		2.2 NAME		
STREET ADDRESS	1457 NE OCEAN BLVD., STE. 22		2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, ROBERT L		3.2 NAME		
STREET ADDRESS	P.O. BOX 404 N/A PINE TRAIL		3.3 STREET ADDRESS		
CITY-ST-ZIP	HARBOR SPRINGS MI 49740		3.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARGIRI, SAMUEL		4.2 NAME		
STREET ADDRESS	35770 MONTEREY DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	CLINTON TOWNSHIP MI 48035		4.4 CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, MARK W		5.2 NAME		
STREET ADDRESS	3484 BOSTON TWP. LINE ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	RICHMOND IN 47347		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert L. Martin, V.P. 3/21/94 407-225-4137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)