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Jan 23 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 716495 (7)

1. Corporation Name

LITTLE OCEAN CLUB CONDOMINIUM, INC.



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

3. Date Incorporated or Qualified 05/05/1969  
3a. Date of Last Report 03/25/1996

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARIER, JACQUES  
1457 NE OCEAN BLVD #28  
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 JACQUES MARIER Jacques Marier 1-12-97  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, NELL	1.2 NAME	
STREET ADDRESS	1409 CHERRY LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	VIRGINIA BEACH VA 23454	1.4 CITY - ST - ZIP	
TITLE	D <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	STUART FL 34996	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	3464 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 1-12-97 561-225-2812  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0080008

CR2E037 (9/96)