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**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90189 005 \*\*\*\*61.25

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 716495**

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

05/05/1969

22 City & State

27 City & State

4. FEI Number

Applied For  
 Not Applicable

59-1268758

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

24

25

Country

29

30

Country

6. Election Campaign Financing

**\$5.00** May Be  
 Added to Fees

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

Richard V. Fisher

82 Street Address (P.O. Box Number is Not Acceptable)

83 1457 N.E. Ocean Blvd.

84 City

Stuart

FL

85 Zip Code

34996

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

*Richard V. Fisher*

(NOTE: Registered Agent signature required when reinstating)

DATE

1/11/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
 NAME EVANS, NELL  
 STREET ADDRESS 1409 CHERRY LANE  
 CITY-ST-ZIP VIRGINIA BEACH VA 23454

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME DYBVG, RICHARD  
 STREET ADDRESS HCR BOX 71  
 CITY-ST-ZIP TUNBRIDGE VE 05077

2.1 TITLE  Change  Addition  
 2.2 NAME PD  
 2.3 STREET ADDRESS DYBVG, RICHARD  
 2.4 CITY-ST-ZIP HCR BOX 71  
 TUNBRIDGE VE 05077

TITLE  DELETE  
 NAME MARTIN, ROBERT L  
 STREET ADDRESS P.O. BOX 404 N/A PINE TRAIL  
 CITY-ST-ZIP HARBOR SPRINGS MI 49740

3.1 TITLE  Change  Addition  
 3.2 NAME VD  
 3.3 STREET ADDRESS NEZBEDA, KURT  
 3.4 CITY-ST-ZIP 11 COZY BLUFF RD  
 SAVANNAH, GA 31410

TITLE  DELETE  
 NAME ARGIRI, SAMUEL  
 STREET ADDRESS 35770 MONTEREY DRIVE  
 CITY-ST-ZIP CLINTON TOWNSHIP MI 48035

4.1 TITLE  Change  Addition  
 4.2 NAME D  
 4.3 STREET ADDRESS ARGIRI, SAMUEL  
 4.4 CITY-ST-ZIP 35770 MONTEREY DR,  
 CLINTON, TOWNSHIP MI 48035

TITLE  DELETE  
 NAME HARRIS, MARK W  
 STREET ADDRESS 3464 BOSTON TWP. LINE ROAD  
 CITY-ST-ZIP RICHMOND IN 47347

5.1 TITLE  Change  Addition  
 5.2 NAME TD  
 5.3 STREET ADDRESS WHITE, JAMES DAVID  
 5.4 CITY-ST-ZIP 10145 MUSIC ST.  
 NOVELTY OH 44072

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

*Nell Evans*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99 561/225-4496  
 Date Daytime Phone #

CR2E037 (11/98)