

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90042 050 \*\*\*\*61.25

**DOCUMENT # 716495**

1. Entity 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

24031904



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1268758

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORNETT, JANE L  
CORNETT, GOOGE, ROSS & EARLE, PA  
401 E. OSCEOLA STREET  
STUART FL 34994

7. Name and Address of New Registered Agent

Name

TIMOTHY KAZMIER

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

2115 SE OCEAN BLVD.

City

STUART,

FL

Zip Code  
34996

8. 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

TIMOTHY KAZMIER

3-25-2004

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	PD EVANS, ANDRE	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1409 CHERRY LANE VIRGINIA BEACH VA 23454	
TITLE NAME	VPD MARK, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1457 NE OCEAN BLVD STUART FL 34996	
TITLE NAME	TD HARPER, DAVID	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1397 WINDSOR RICHMOND IN 47374	
TITLE NAME	SD ARGIRI, SHARON	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	34687 MERCER LANE FRASER MI 48026	
TITLE NAME	D WHITE, JAMES DAVID	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	10145 MUSIC ST NOVELTY OH 44072	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Andre Evans* Andre EVANS, Pres. 3-26-04 772-220-0005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #