
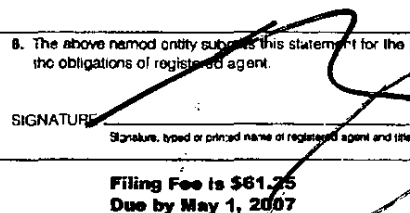
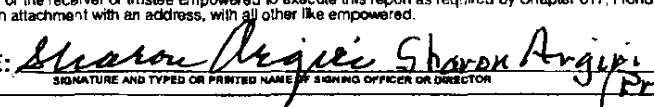


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90190 024 \*\*\*\*61.25

<b>DOCUMENT # 716495</b>				
1. Entity Name LITTLE OCEAN CLUB CONDOMINIUM, INC.				
Principal Place of Business 1457 NE OCEAN BLVD HUTCHINSON ISLAND STUART, FL 34996		Mailing Address 735 COLORADO AVE #3 STUART, FL 34996		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
INGHS, STEVE 1930 COMMERCE LANE STE #1 JUPITER, FL 33458		Name Peter C. Mollengarden, Esq. <i>(New Number is Not Applicable)</i> Becker & Pollakoff, P.A. 625 N. Flaqler Drive, 7th Floor City West Palm Beach FL Zip Code 33401		
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: 		DATE: 4/9/07		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-issuing)				
Filing Fee is \$61.25 Due by May 1, 2007		9. Election on Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
Make check payable to Florida Department of State				
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP EVANS, ANDRE 1409 CHERRY LANE VIRGINIA BEACH, VA 23454	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD CLEMENTZ, TOM 21762 MANTON RD STERLING, IL 61081	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	TD HARPER, DAVID 1297 WINDOR PL RICHMOND, IN 47374	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	PD ARGIRI, SHARON 15777 MILLAR CLINTON TOWNSHIP, MI 48036	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D PITT-MILLER, STANLEY 1467 NE OCEAN BLVD 18 STUART, FL 34996	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: 		DATE: 3/5/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		
		772-225-8856		
		Daytime Phone #		

400000



03292007 Chg-NP CR2E037 (12/08)

4. FEI Number 59-1268758 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

4/9/07