## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#716495**

FILED Mar 27, 2009 Secretary of State

Entity Nar	me: LITTLE (	DCEAN CLUB CONDOMINIU	M, INC.			
Current Principal Place of Business:				New Principal Place of Business:		
1457 NE C STUART, I		HUTCHINSON ISLAND	200	2074 W INDIANTOWN RD 200 JUPITER, FL 33458		
Current M	lailing Addre	ss:	New Mai	New Mailing Address:		
543 NW LAKE WHITNEY PLACE				2074 W INDIANTOWN RD 200		
SUITE 101 PORT SAINT LUCIE, FL 34986				JUPITER, FL 33458		
FEI Number:	: 59-1268758	FEI Number Applied For ( )	FEI Number Not Ap	plicable ( )	Certificate of Status Desired ( )	
Name and	Address of (	Current Registered Agent:	Name an	Name and Address of New Registered Agent:		
C/O KENN 625 N FLA	& POLOAKOF IETH S. DIRE GLER DR 7TI LM BEACH, F	KTOR, ESQ. HFLOOR	C/O KEN 625 N FL	BECKER & POLIAKOFF, P.A. C/O KENNETH S. DIREKTOR, ESQ. 625 N FLAGLER DR 7TH FLOOR WEST PALM BEACH, FL 33401 US		
	named entity e of Florida.	submits this statement for the	purpose of changing	its registered	l office or registered agent, or both,	
SIGNATURE: KENNETH DIREKTOR				03/27/2009		
	Electro	nic Signature of Registered A	gent		Date	
OFFICERS	S AND DIREC	TORS:	ADDITIO	NS/CHANGE	S TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	VP ( EVANS, ANDR 1409 CHERRY VIRGINIA BEA	LANE	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SD ( CLEMENTZ, To 21762 MANTO STERLING, IL	N RD	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	TD ( HARPER, DAV 1297 WINDOR RICHMOND, IN	PL	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	ARGIRI, SHAR 15777 MILLAR		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( PITT-MILLER, 1457 NE OCEA STUART, FL 3	N BLVD 18	Title: Name: Address: City-St-Zip:	MARK, HARF 3464 BOSTO	N TWP LINE RD.	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON ARGIRI Ρ 03/27/2009