

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90639 033 ****61.25

DOCUMENT # 716495

1. Entity Name
LITTLE OCEAN CLUB CONDOMINIUM, INC.



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

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1268758** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**CORNETT, JANE L
CORNETT, GOUGE, ROSS & EARLE, PA
401 E. OSCEOLA STREET
STUART FL 34994**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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	PD	<input type="checkbox"/> Delete
NAME	EVANS, ANDRE	
STREET ADDRESS	1409 CHERRY LANE	
CITY-ST-ZIP	VIRGINIA BEACH VA 23454	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	COWIN, FRED	
STREET ADDRESS	1457 NE OCEAN BLVD	
CITY-ST-ZIP	STUART FL 34996	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HARPER, DAVID	
STREET ADDRESS	1397 WINDSOR	
CITY-ST-ZIP	RICHMOND IN 47374	
TITLE	SD	<input type="checkbox"/> Delete
NAME	EVEN, ELLEN	
STREET ADDRESS	386 OLD SCHOOL HOUSE RD	
CITY-ST-ZIP	PEWAUKEE WI 53072	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITE, JAMES DAVID	
STREET ADDRESS	10145 MUSIC ST	
CITY-ST-ZIP	NOVELTY OH 44072	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARK, ROBERT	
STREET ADDRESS	1457 NE OCEAN BLVD.	
CITY-ST-ZIP	STUART, FL. 34996	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARGIRI, SHARON	
STREET ADDRESS	34687 MERCER LANE	
CITY-ST-ZIP	FRASER, MI. 48026	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *Robert Mark Robert Mark* **REQUIRED** 772-220-0005

CR2E037 (10/02)