


# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 725281</b>		
1. Entity Name THE LITTLE CLUB HOMEOWNERS' ASSOCIATION, INC.		

Principal Place of Business 9601 S.E. LITTLE CLUB WAY NORTH TEQUESTA, FL 33469	Mailing Address 9601 S.E. LITTLE CLUB WAY NORTH TEQUESTA, FL 33469
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

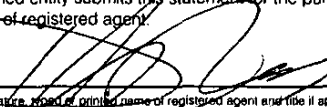
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2008 JAN 15 PM 4:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



12262007 REINSP	CR2E099 (1/07)	07-08
4. FEI Number 59-1451138		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent SCULLY, BARBARA S 9550 SOUTHEAST LITTLE CLUB WAY NORTH TEQUESTA, FL 33469		7. Name and Address of New Registered Agent Name: DEBORAH ROSS, ESQ. Street Address (P.O. Box Number is Not Acceptable): 759 SOUTH FEDERAL HIGHWAY SUITE 212 City: STUART FL Zip Code: 34994	
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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.

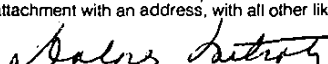
SIGNATURE:  DATE: 1/10/08

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

<b>FILE NOW!!! FEE IS \$236.25</b> After January 1, 2008, Fee will be \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEHRING, KIP 18354 SE TEE LN TEQUESTA, FL 33469 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Dolores MITROTZ 18366 S.E. BIRDIE LN TEQUESTA, FL 33469 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCULLY, BARBARA S 9550 SOUTHEAST LITTLE CLUB WAY NORTH TEQUESTA, FL 33469 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PAUL STRAUB 9842 S.E. LITTLE CLUB WAY 50 TEQUESTA FL 33469 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHAUGHNESSY, EVIE 9901 SOUTHEAST LITTLE CLUB WAY NORTH TEQUESTA, FL 33469 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LESLIE SWAYLIK 18320 S.E. CLUBHARE TEQUESTA FL 33469 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GALLAGHER, GEORGE 18313 SE EAGLE LN TEQUESTA, FL 33469 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900115194949 01/15/08--01034--004 **297.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATES, LINDA 9840 SE LITTLE CLUB WAY N TEQUESTA, FL 33469 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:  Dolores MITROTZ 01/09/08 561-745-0255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

B. Mitchell JAN 15 2008