2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725281

FILED Apr 01, 2009 Secretary of State

Entity Name: THE LITTLE CLUB HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 9601 S.E. LITLE CLUB WAY S. TEQUESTA, FL 33469 **Current Mailing Address: New Mailing Address:** 9601 S.E. LITLE CLUB WAY S. TEQUESTA, FL 33469 FEI Number: 59-1451138 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STRAUB, PAUL STRAUB, PAUL J TREASUR 9842 S.E. LITLE CLUB WAY S. 9842 S.E. LITLE CLUB WAY S. TEQUESTA, FL 33469 TEQUESTA, FL 33469 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. SIGNATURE: PAUL J STRAUB 04/01/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MITROTZ, DOLORES Name: Name: 18366 S.E. BIRDIE LANE Address: Address: City-St-Zip: TEQUESTA, FL 33469 City-St-Zip: Title: Title: (X) Change () Addition () Delete STRAUB, PAUL Name: STRAUB, PAUL J Name: Address: 9842 S.E. LITTLE CLUB WAY SO. Address: 9842 S.E. LITTLE CLUB WAY SO. City-St-Zip: TEQUESTA, FL 33469 City-St-Zip: TEQUESTA, FL 33469 Title: () Delete Title: () Change () Addition SWAYLIK, LESLIE Name: Name: Address: 18320 S.E. CLUB LANE Address: City-St-Zip: TEQUESTA, FL 33469 City-St-Zip: Title: () Delete Title: () Change () Addition Name: GALLAGHER, GEORGE Name: Address: 18313 SE EAGLE LN Address: City-St-Zip: TEQUESTA, FL 33469 City-St-Zip: Title: () Delete Title: () Change () Addition MATES, LINDA Name: Name: 9840 SE LITTLE CLUB WAY N Address: Address: City-St-Zip: TEQUESTA, FL 33469 City-St-Zip:

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: PAUL J STRAUB Т 04/01/2009