


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90041 033 ****61.25

DOCUMENT # 758256	
1. Entity Name LITTLE HICKORY BAY CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 4835 BONITA BEACH ROAD BOX A BONITA SPRINGS, FL 34134 US	Mailing Address 4835 BONITA BEACH ROAD BOX A BONITA SPRINGS, FL 34134 US
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40040868



02262008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2167930	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

WITSKEN, MARY LOU
4835 BONITA BEACH ROAD
BOX A
BONITA SPRINGS, FL 34134

DO NOT WRITE IN THIS SPACE

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: Mary Lou Witsken (NOTE: Registered Agent signature required when reinstating) DATE: 2/29/08

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOU WITSKEN, MARY 4835 BONITA BEACH RD 510 BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KLUCZ, ALBERT 315 DUNES BLVD., #903 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUENAGELL, DONALD 4835 BONITA BEACH RD 210 BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD THOMAS, DEBOER 4835 BONITA BEACH RD 406 BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VICTOR, LISABETH 4835 BONITA BEACH RD #405 BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Donald H. Witsken Date: 2-29-08 Daytime Phone #: 239-777-3595

ATTACHMENT

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Correct spelling is

BUENNAGEL