

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758256

FILED  
Mar 02, 2009  
Secretary of State

**Entity Name:** LITTLE HICKORY BAY CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4835 BONITA BEACH ROAD  
BOX A  
BONITA SPRINGS, FL 34134 US

**New Principal Place of Business:**

**Current Mailing Address:**

4835 BONITA BEACH ROAD  
BOX A  
BONITA SPRINGS, FL 34134 US

**New Mailing Address:**

**FEI Number:** 59-2167930

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LOU WITSKEN, MARY  
Address: 4835 BONITA BEACH RD 510  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: SD ( ) Delete  
Name: KLUCE, ALBERT  
Address: 315 DUNES BLVD., #903  
City-St-Zip: NAPLES, FL 34110

Title: T ( ) Delete  
Name: BUENAGELL, DONALD  
Address: 4835 BONITA BEACH RD 210  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VPD ( ) Delete  
Name: THOMAS, DEBOER  
Address: 4835 BONITA BEACH RD 406  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VPD ( ) Delete  
Name: VICTOR, LISABETH  
Address: 4835 BONITA BEACH RD #405  
City-St-Zip: BONITA SPRINGS, FL 34134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: FOLLESE, JAMES  
Address: 4835 BONITA BEACH RD 310  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: TD (X) Change ( ) Addition  
Name: BUENAGELL, DONALD  
Address: PO BOX 367583  
City-St-Zip: BONITA SPRINGS, FL 34136

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: DONALD R. BUENNAGEL

TD

03/02/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date