SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: $150 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $300)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 AUG -2 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **760128** **(9)**

1. Corporation Name

LITTLE OAKS HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~C/O TIM MCALICE~~ ~~18315 LITTLE OAKS DR~~ ~~JUPITER FL 33458~~	~~C/O TIM MCALICE~~ ~~18315 LITTLE OAKS DR~~ ~~JUPITER FL 33458~~

3. Date Incorporated or Qualified: 09/22/1981
3a. Date of Last Report: 05/11/1994
4. FEI Number: 59-2696340 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 c/o Barry L. Clayton	26 c/o Barry L. Clayton
Suite, Apt. #, etc. 22 18314 Little Oaks Dr.	Suite, Apt. #, etc. 27 18314 Little Oaks Dr.
City & State 23 Jupiter, Florida	City & State 28 Jupiter, Florida
Zip 24 33458 Country 25 U.S.A.	Zip 29 33458 Country 30 U.S.A.

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MCALICE, TIM
18315 LITTLE OAKS DR
JUPITER FL 33458

10. Name and Address of New Registered Agent

81 Name: Barry L. Clayton
82 Street Address (P.O. Box Number is Not Acceptable): 18314 Little Oaks Dr.
83
84 City: Jupiter FL 85 Zip Code: 33458

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Barry L. Clayton DATE: July 27, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	11 TITLE		☐ Change ☐ Addition
NAME	CLAYTON, BARRY	12 NAME		
STREET ADDRESS	18314 LITTLE OAKS DR	13 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL	14 CITY-ST-ZIP		
TITLE	~~PSD~~	21 TITLE	VP/D	☒ Change ☐ Addition
NAME	MCALICE, TIM	22 NAME		
STREET ADDRESS	18315 LITTLE OAKS DR	23 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL	24 CITY-ST-ZIP		
TITLE		31 TITLE	P/D	☐ Change ☒ Addition
NAME	Steve Desmit	32 NAME	Steve Desmit	
STREET ADDRESS		33 STREET ADDRESS	18337 Oak Leaf Dr.	
CITY-ST-ZIP		34 CITY-ST-ZIP	Jupiter, FL 33458	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barry L. Clayton, Treas. Barry L. Clayton, Treas. 7/27/95 (407) 575-7510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0011710