

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

APPROVED
AND
FILED

1997 OCT -6 PM 12: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 760128 (9)

1. Corporation Name

LITTLE OAKS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O BARRY L CLAYTON
18314 LITTLE OAKS DR
JUPITER FL 33458
US

C/O BARRY L CLAYTON
18314 LITTLE OAKS DR
JUPITER FL 33458
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1981

3a. Date of Last Report

06/25/1996

4. FEI Number

59-2696340

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLAYTON, BARRY L
18314 LITTLE OAKS DR
JUPITER FL 33458

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME TD
STREET ADDRESS CLAYTON, BARRY
CITY-ST-ZIP 18314 LITTLE OAKS DR
JUPITER FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME ~~MCALICE, TIM~~
STREET ADDRESS 18315 LITTLE OAKS DR
CITY-ST-ZIP JUPITER FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME ~~DESMIT, STEVE~~
STREET ADDRESS 18907 OAK LEAF DR
CITY-ST-ZIP JUPITER FL

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME S/D
3.3 STREET ADDRESS Boshers, Virginia
3.4 CITY-ST-ZIP 18301 Oak Leaf Dr.
Jupiter, FL 33458

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 SIGNATURE REQUIRED

CR2E037 (4/97)