2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 760128

1. Entity 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

02092006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2696340

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CLAYTON, BARRY L
18314 LITTLE OAKS DR
JUPITER, FL 33458

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000447996
03/08/06-80076-020 61.25

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	CLAYTON, BARRY
STREET ADDRESS	18314 LITTLE OAKS DR
CITY-ST-ZIP	JUPITER, FL
TITLE	PD
NAME	MCALICE, TIM
STREET ADDRESS	18315 LITTLE OAKS DR
CITY-ST-ZIP	JUPITER, FL
TITLE	SD
NAME	BOSHER, VIRGINIA
STREET ADDRESS	18301 OAK LEAF DR
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Barry L. Clayton Treasurer 2/23/06 561-745-0345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #