

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 760246 (9)

1. Corporation Name

LITTLE ARCH CREEK PROPERTIES, INC.



Principal Place of Business

Mailing Address

201 SOUTH BISCAYNE BOULEVARD
SUITE 2950
MIAMI FL 33131
US

201 SOUTH BISCAYNE BOULEVARD
SUITE 2950
MIAMI FL 33131
US

3. Date Incorporated or Qualified
10/01/1981

3a. Date of Last Report
05/15/1995

2. Principal Place of Business

2a. Mailing Address

21 2845 Aventura Blvd.

26 2845 Aventura Blvd.

4. FEI Number

59-2171082

Applied For

Not Applicable

22 Suite 120

27 Suite 120

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

23 Aventura, FL

28 Aventura, FL

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

24 Zip 33180

25 Country U.S.A.

29 Zip 33180

30 Country U.S.A.

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOLDSTEIN, SHARON B.
201 SOUTH BISCAYNE BOULEVARD
SUITE 2950
MIAMI FL 33131

81 Name

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

2845 Aventura Blvd.

83 Suite 120

84 City Aventura

FL

85 Zip Code 33180

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 S
NAME STARRETT, LOYD M
STREET ADDRESS 23 GRANITE STREET
CITY - ST - ZIP ROCKPORT MA ☐ DELETE

1.1 TITLE S, V, D ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE DC
NAME LAWN, HOWARD M.
STREET ADDRESS 9801 COLLINS AVENUE
CITY - ST - ZIP BAL HARBOUR FL ☐ DELETE

2.1 TITLE D, P ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE PD
NAME POMERANTZ, RANDI
STREET ADDRESS 280 PARK AVENUE
CITY - ST - ZIP PARK RIDGE NJ ☒ DELETE

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ~~W~~
NAME ~~WINICK, HERBERT R.~~
STREET ADDRESS ~~920 BETH LANE~~
CITY - ST - ZIP ~~WOODMERE, NY 0~~ ☒ DELETE

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

TITLE ~~N~~
NAME ~~NEUMANN, JEFFREY D.~~
STREET ADDRESS ~~20120 NE 10th P.~~
CITY - ST - ZIP ~~NORTH MIAMI BEACH FL~~ ☒ DELETE

5.1 TITLE D T ☐ Change ☒ Addition
5.2 NAME Goldstein, Sharon
5.3 STREET ADDRESS 1201 SW 103 Ave.
5.4 CITY - ST - ZIP Pembroke Pines, FL 33025

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Howard H. Lawn 5/3/96 305-923 0600

Date

Daytime Phone #

CR2E037 (12/95)