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Jun 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **760246** (9)

1. Corporation Name

LITTLE ARCH CREEK PROPERTIES, INC.

Principal Place of Business

Mailing Address

**2845 AVENTURA BLVD.
SUITE 120
AVENTURA FL 33180
US**

**2845 AVENTURA BLVD.
SUITE 120
AVENTURA FL 33180
US**

3. Date Incorporated or Qualified

10/01/1981

4. FEI Number

59-2171082

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 2100 E. Hallandale Bch Blvd

26 2100 E. Hallandale Bch Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Sk # 101

27 Sk # 101

City & State

City & State

23 Hallandale, FL

28 Hallandale, FL

Zip

Country

Zip

Country

24 33009

25 USA

29 33009

30 USA

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOLDSTEIN, SHARON B.
2845 AVENTURA BLVD.
SUITE 120
AVENTURA FL 33180**

81 Name

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

2100 E. Hallandale Bch Blvd

83

Sk # 101

84

Hallandale

FL

85 Zip Code
33009

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 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

TITLE ☐ DELETE

**NAME
SVD
STARRETT, LOYD M
STREET ADDRESS
23 GRANITE STREET
CITY-ST-ZIP
ROCKPORT MA**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

**NAME
DP
LAWN, HOWARD M.
STREET ADDRESS
9801 COLLINS AVENUE
CITY-ST-ZIP
BAL HARBOUR FL**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

**NAME
DT
GOLDSTEIN, SHARON
STREET ADDRESS
1201 SW 103 AVE.
CITY-ST-ZIP
PEMBROKE PINES FL**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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 and Typed or Printed Name of Signing Officer or Director

5/1/98 (154) 457-8787

Date Daytime Phone # 0022492

CR2E037 (10/97)