
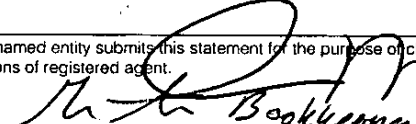
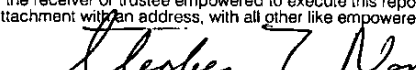


**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

50008099

<b>DOCUMENT # N01853</b>				01-28-2005 90037 049 ****61.25	
1. Entity Name <b>LITTLE BAY HARBOR CONDOMINIUM ASSOCIATION, INC.</b>		Principal Place of Business <b>% MAY MANAGEMENT SERVICES, ICN. 10036 SAWGRASS DR, STE 1 PONTE VEDRA BEACH, FL 32082</b>		Mailing Address <b>% MAY MANAGEMENT SERVICES, ICN. 10036 SAWGRASS DR, STE 1 PONTE VEDRA BEACH, FL 32082</b>	
2. Principal Place of Business		3. Mailing Address		50008099	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01252005 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number <b>59-2485317</b>	
Zip		Zip		Applied For Not Applicable	
Country		Country		5. Certificate of Status Desired. <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MAY MANAGEMENT SERVICES INC. PATRICIA ARENAS 10036 SAWGRASS DR STE 1 PONTE VEDRA BEACH, FL 32082</b>			7. Name and Address of New Registered Agent Name <b>ANNA MARKS</b> Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 <b>Bookkeeper</b> <b>Gerson Stark</b> <b>1/27/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRING, CASEY B 42 LITTLE BAY HARBOR PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, VIRGINIA K 23 LITTLE BAY HARBOR PONTE VEDRA BCH, FL 32082	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Norman, Steve 15 Little Bay Harbor Ponte Vedra Bch, Fl. 32082	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIRON, DAVID 3277 OLD BARN RD W PONTE VEDRA BEACH, FL 32082	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Shoulvin, Carol 18 Little Bay Harbor Ponte Vedra Bch, Fl. 32082	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LONG, BUD 1 LITTLE BAY HARBOR PONTE VEDRA BCH, FL 32082	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT & DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STOLL, ROBERT 19 LITTLE BAY HARBOR PONTE VEDRA BCH, FL 32082	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lukens, Francis 24 Little Bay Harbor Ponte Vedra Bch, Fl. 32082	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>1/26/05</b> <b>904-273-983</b> <small>Date Daytime Phone #</small>			