

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90062 006 ****61.25

DOCUMENT # N02442

1. Entity Name
LITTLE COURT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**5850 LITTLESTONE CT.
N. FT. MYERS, FL 33903**

Mailing Address
**5850 LITTLESTONE CT.
N. FT. MYERS, FL 33903**

94019245



01122004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-2539189

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~SMITH DOUGLAS~~
~~5840 LITTLESTONE COURT~~
~~N. FT. MYERS, FL 33903~~

WALTER HESPELT
5828 LITTLESTONE CT.
N. FT. MYERS, FL 33903

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IN THIS SPACE**

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: Walter Hespelt **WALTER HESPELT** **2-13-04**
(NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE **VD**
NAME ~~AFRICA~~ **RICHARD CRISH**
STREET ADDRESS ~~5828 LITTLESTONE CT~~ **5840 LITTLESTONE CT.**
CITY-ST-ZIP ~~N. FT. MYERS, FL~~ **N. FT. MYERS, FL**

TITLE **STD**
NAME **TRIPLETT, REGINA L.**
STREET ADDRESS **5850 LITTLESTONE COURT**
CITY-ST-ZIP **N. FT. MYERS, FL**

TITLE **PD**
NAME ~~SMITH DOUGLAS~~ **WALTER HESPELT**
STREET ADDRESS ~~5840 LITTLESTONE CT~~ **5828 LITTLESTONE CT.**
CITY-ST-ZIP ~~N. FT. MYERS, FL~~ **N. FT. MYERS, FL**

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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: Regina Triplett **REGINA TRIPLETT** **2-13-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(239) 947-3751