


# 2006 NON-PROFIT CORPORATION ANNUAL REPORT

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
---	---

## DO NOT WRITE IN THIS SPACE

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90022 047 \*\*\*\*61.25



01152006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2539189	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent  GRISH, RICHARD 5840 LITTLE STONE CT NO FT. MYERS, FL 33903
---

## DO NOT WRITE 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 <u>RICHARD GRISH</u>	DATE <u>1-16-06</u>
<small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<u>1-16-06</u>
---	---	---------------------------------------	----------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRISH, RICHARD 5840 LITTLE STONE CT NORTH FORT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TRIPLETT, REGINA L. 5850 LITTLESTONE COURT N. FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

## DO NOT WRITE IN THIS SPACE

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: <u>Richard Grish</u>	Date <u>1-28-2006</u>	Daytime Phone # <u>(839) 656-4347</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>