

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90060 030 ****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2539189**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WILSON BILLIE J.
5830 LITTLESTONE COURT
NO FT. MYERS FL 33903**

7. Name and Address of New Registered Agent

Name

DOUGLAS SMITH

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

5840 LITTLESTONE CT

City

N. Ft MYERS

FL

Zip Code

33903

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

(Signature of Douglas Smith)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	AFRICA, SUE	
STREET ADDRESS	5828 LITTLESTONE CT	
CITY-ST-ZIP	NO FT MYERS FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	TRIPLETT, REGINA L	
STREET ADDRESS	5850 LITTLESTONE COURT	
CITY-ST-ZIP	N. FT. MYERS FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MORGAN, BILL	
STREET ADDRESS	5830 LITTLESTONE CT.	
CITY-ST-ZIP	NORTH FORT MYERS FL 33903	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOUGLAS SMITH	
STREET ADDRESS	5840 LITTLESTONE CT	
CITY-ST-ZIP	N. Ft MYERS, FL 33903	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 *(Signature)*

3/11/03 **239**
997-3757

CR2E037 (10/02)