

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006569

FILED  
Mar 09, 2009  
Secretary of State

**Entity Name:** THE INN AT LITTLE HARBOR CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

611 DESTINY DRIVE  
RUSKIN, FL 33570

**New Principal Place of Business:**

**Current Mailing Address:**

611 DESTINY DRIVE  
400  
RUSKIN, FL 33570

**New Mailing Address:**

611 DESTINY DRIVE  
RUSKIN, FL 33570

**FEI Number:** 73-1681501

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCKAY, TELESE B ESQ.  
C/O MCKAY LAW FIRM, P.A.  
2055 WOOD STREET STE. 120  
SARASOTA, FL 34237 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SEEGRAVES, CYNTHIA  
Address: 9420 PEBBLE GLEN AVE  
City-St-Zip: TAMPA, FL 33647\

Title: DS ( ) Delete  
Name: PELAYO, DR. JOSE A  
Address: 6767 COLLINS AVE #1000  
City-St-Zip: MIAMI BEACH, FL 33141

Title: DPT ( ) Delete  
Name: VOGELER, BRETT A  
Address: 3318 BARLEY LANE  
City-St-Zip: LAKE LAND, FL 33803

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYN SORENSEN

MGN

03/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date