

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000006132

FILED
Oct 11, 2005
Secretary of State

Entity Name: LITTLENECK COVE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1175 LITTLE NECK COURT
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

1175 LITTLE NECK COURT
NAPLES, FL 34102

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BLUME, CRAIG D ESQ
5801 PELICAN BAY BLVD SUITE 103
NAPLES, FL 34108 US

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: CRAIG D. BLUME

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DST () Delete
Name: WILKINS, ROBERT D
Address: 325 A SHIRLEY STREET
City-St-Zip: WINTHROP, MA 02152

Title: DP () Delete
Name: JONES, FALCONER III
Address: 620 SANDPIPER STREET
City-St-Zip: NAPLES, FL 34102

Title: D (X) Delete
Name: THOMAS, WILLIAM
Address: 7103 BARRINGTON CIRCLE
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR. (X) Change () Addition
Name: EGAN, JOSEPH R
Address: 1163 BELLVIEW ROAD
City-St-Zip: MCLEAN, VA 22102

Title: DR. (X) Change () Addition
Name: THOMAS, WILLIAM
Address: 1175 LITTLE NECK COURT
City-St-Zip: NAPLES, FL 34102

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOSEPH R. EGAN

MR.

10/11/2005

Electronic Signature of Signing Officer or Director

Date