2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006965

FILED Feb 03, 2005 Secretary of State

Entity Name: LITTLE CREEK TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2180 WEST SR 434 SUITE 5000 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 LONGWOOD, FL 32779

Current Mailing Address: New Mailing Address:

2180 WEST SR 434 SUITE 5000 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 LONGWOOD, FL 32779

FEI Number: 51-0517384 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HART, JAMES W JR MOSS, DAVID SENTRY MANAGEMENT INC 6250 HAZELTINE NATIONAL DR SUITE 102 2180 WEST SR 434 SUITE 5000 ORLANDO, FL 32822

LONGWOOD, FL 32779 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: JAMES W HART JR 02/03/2005

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

AULD, DAVID V LAWSON, ROBERT Name: Name:

5850 T.G. LEE BLVD SUITE 600 Address: 5850 T.G. LEE BLVD SUITE 600 Address: ORLANDO, FL 32822 ORLANDO, FL 32822

City-St-Zip: City-St-Zip:

(X) Change () Addition Title: DVT () Delete Title: MURPHY, BRANDY Name: MURPHY, BRANDY Name:

Address: 5850 T.G. LEE BLVD SUITE 600 Address: 5850 T.G. LEE BLVD SUITE 600

City-St-Zip: ORLANDO, FL 32822 City-St-Zip: ORLANDO, FL 32822

Title: () Delete Title: **VPD** (X) Change () Addition

LAWSON, ROBERT Name: MOSS, DAVID Name: 5850 T.G. LEE BLVD SUITE 600 5850 T.G. LEE BLVD SUITE 600 Address: Address:

City-St-Zip: ORLANDO, FL 32822 City-St-Zip: ORLANDO, FL 32822

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: ROBERT LAWSON PD 02/03/2005