

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Sep 01, 2005
Secretary of State**

DOCUMENT# N04000006965

Entity Name: LITTLE CREEK TOWNHOMES HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 US**New Principal Place of Business:**3434 COLWELL AVENUE
SUITE 200
TAMPA, FL 33614 US**Current Mailing Address:**2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 US**New Mailing Address:**3434 COLWELL AVENUE
SUITE 200
TAMPA, FL 33614 US

FEI Number: 51-0517384

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 US**Name and Address of New Registered Agent:**RIZZETTA & COMPANY, INC.
3434 COLWELL AVENUE
SUITE 200
TAMPA, FL 33614 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: WILLIAM J. RIZZETTA

09/01/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PD () Delete
Name: LAWSON, ROBERT
Address: 5850 T.G. LEE BLVD SUITE 600
City-St-Zip: ORLANDO, FL 32822Title: SD () Delete
Name: MURPHY, BRANDY
Address: 5850 T.G. LEE BLVD SUITE 600
City-St-Zip: ORLANDO, FL 32822Title: VPD () Delete
Name: MOSS, DAVID
Address: 5850 T.G. LEE BLVD SUITE 600
City-St-Zip: ORLANDO, FL 32822**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 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

09/01/2005

Electronic Signature of Signing Officer or Director

Date