
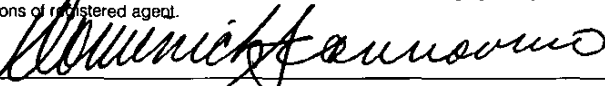
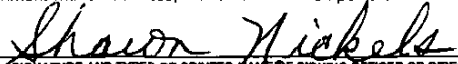


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am 07
Secretary of State

04-09-2007 90074 035 ****61.25

DOCUMENT # N04000006965			
1. Entity Name LITTLE CREEK TOWNHOMES HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 3434 COLWELL AVENUE SUITE 200 TAMPA, FL 33614 US		Mailing Address 3434 COLWELL AVENUE SUITE 200 TAMPA, FL 33614 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc 720 Brooker Creek Blvd. #206		02222007 Chg-NP CR2E037 (12/06)	
City & State Oldsmar, FL 34677		4. FEI Number 51-0517384	
Zip		Country	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIZZETTA & COMPANY, INC. 3434 COLWELL AVENUE SUITE 200 TAMPA, FL 33614		7. Name and Address of New Registered Agent Name Street Address City	
		Scannavino, Inc. 720 Brooker Creek Blvd. #206 Oldsmar, FL 34677	
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 		DATE 4-2-07	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P-D HILL, TOM 14055 RIVEREDGE DR. STE 200 TAMPA, FL 33637 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NICKELS, SHARON 7325 ANHINGA TRAIL NEW PORT RICHEY, FL 34653 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST-D THOMPSON, LARRY 14055 RIVEREDGE DR. STE 200 TAMPA, FL 33637 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STOYANOVA, ELENA 8354 SHALLOW CREEK CT. NEW PORT RICHEY, FL 34653 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-D JOYNER, JAMES 14055 RIVEREDGE DR. STE 200 TAMPA, FL 33637 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUZELL PAUL 8525 SHALLOW CREEK CT. NEW PORT RICHEY, FL 34653 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		DATE 3-29-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE Daytime Phone #	