



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90356 017 ****61.25

DOCUMENT # N05000006564 1. Entity Name LITTLE HARBOR AT PUNTA GORDA ISLES, INC.					
Principal Place of Business 1084 6TH AVENUE NORTH NAPLES, FL 34102			Mailing Address 1084 6TH AVENUE NORTH NAPLES, FL 34102		
2. Principal Place of Business - No P.O. Box # 2421 Shreve ST Suite, Apt. #, etc. STE 115 City & State PUNTA GORDA FL Zip 33950		3. Mailing Address 2421 Shreve ST Suite, Apt. #, etc. STE 115 City & State PUNTA GORDA FL Zip 33950			
4. FEI Number 20-5875444				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOOD, DOUGLAS A 1000 TAMiami TRAIL NORTH SUITE 201 NAPLES, FL 34102			7. Name and Address of New Registered Agent Name DOROTHY M BENNETT Street Address (P.O. Box Number is Not Acceptable) 2421 Shreve ST STE 115 PUNTA GORDA FL City FL Zip Code 33950		
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: <u><i>Dorothy M. Bennett</i></u> DATE: <u>4/22/08</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when constituting))</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	D PADLO, LARRY 953- 18TH AVENUE SOUTH NAPLES, FL 34102 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BERNARD SELZ 3228 Purple MARTIN UNIT 116 PUNTA GORDA FL 33950 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CABRAL, TIM 692 PINE COURT NAPLES, FL 34102 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS PAT MORRISON 1857 TREYBORNE CIR Commerce TWP MI 48390 <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	DT MARK PRESENTATO 152 PLACITAS TELS RD PLACITAS NM 87043 <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: <u><i>Dorothy M. Bennett</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4/22/08</u> <u>941-639-1142</u> <small>Date District Phone #</small>		