

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
 04-23-2001 90089 025 *****61.25

0068382

DOCUMENT # N06332

1. Entity Name

LITTLESTONE PINES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O LENNART B. SCHILLING
 5829 LITTLESTONE COURT
 N. FORT MYERS FL 33903

C/O LENNART B. SCHILLING
 5829 LITTLESTONE COURT
 N. FORT MYERS FL 33903

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHILLING, LENNART B.
 5829 LITTLESTONE COURT
 N. FORT MYERS FL 33903

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PD
 SCHILLING, LENNART B.
 5829 LITTLESTONE CT.
 N. FT. MYERS FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TD
 SCHILLING, SHIRLEY L.
 5829 LITTLESTONE CT.
 N. FT. MYERS FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VD
 AITKEN, DAVID
 5827 LITTLESTONE CT
 N.FORT MYERS FL ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VD
 GORMAN, WILLIAM
 5827 LITTLESTONE CT.
 N. FT. MYERS, FL. ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 SD
 AITKEN, CAROL
 5827 LITTLESTONE CT
 N FT MYERS FL ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 SD
 GORMAN, MARIA
 5827 LITTLESTONE CT.
 N. FT. MYERS, FL. ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Lennart B. Schilling **LENNART B. SCHILLING**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)