

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06332

FILED  
Mar 19, 2009  
Secretary of State

**Entity Name:** LITTLESTONE PINES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

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

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SCHILLING, LENNART B. .  
Address: 5829 LITTLESTONE CT.  
City-St-Zip: N. FT. MYERS, FL

Title: TD ( ) Delete  
Name: SCHILLING, SHIRLEY L. .  
Address: 5829 LITTLESTONE CT.  
City-St-Zip: N. FT. MYERS, FL

Title: VD ( ) Delete  
Name: GORMAN, WILLIAM  
Address: 5827 LITTLESTONE CT  
City-St-Zip: N.FORT MYERS, FL

Title: SD (X) Delete  
Name: GORMAN, MARIA  
Address: 5827 LITTLESTONE CT  
City-St-Zip: N FT MYERS, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SCHILLING, LENNART B. .  
Address: 5829 LITTLESTONE CT.  
City-St-Zip: N. FT. MYERS, FL 33903 US

Title: TD (X) Change ( ) Addition  
Name: SCHILLING, SHIRLEY L. .  
Address: 5829 LITTLESTONE CT.  
City-St-Zip: N. FT. MYERS, FL 33903 US

Title: VD (X) Change ( ) Addition  
Name: WILLIAM L GORMAN,  
Address: 5827 LITTLESTONE CT  
City-St-Zip: N.FORT MYERS, FL 33903 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: WILLIAM L GORMAN

VD

03/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date