2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State
03-26-2008 90018 045 ****61.25

DOCUMENT # N07000002528

1. Entity Name
THE POINT TOWNHOMES AT LITTLE HARBOR HOMEOWNERS ASSOCIATION, INC.

40051756

Principal Place of Business	Mailing Address
12800 UNIVERSITY DRIVE SUITE 400 FORT MYERS, FL 33907	12800 UNIVERSITY DRIVE SUITE 400 FORT MYERS, FL 33907

03122008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
c/o 611 Destiny Drive	c/o 611 Destiny Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ruskin, FL	City & State: Ruskin, FL
Zip: 33570 Country	Zip: 33570 Country

4. FEI Number: 20-8628060 ☐ 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
GY CORPORATE SERVICES, INC. 777 SOUTH FLAGLER DRIVE SUITE 500 EAST WEST PALM BEACH, FL 33401	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
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, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 CORDELLO, DOUG 12800 UNIVERSITY DRIVE #400 FORT MYERS, FL 33907	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Kenneth Meadvin 12800 University Drive #400 Fort Myers, FL 33907	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEWHART, ROBERT 611 DESTINY DRIVE RUSKIN, FL 33570	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TRUCKENBROD, JIM 12800 UNIVERSITY DRIVE #400 FORT MYERS, FL 33907	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Keith Hampitt 12800 University Drive #400 Fort Myers, FL 33907	☐ 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
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 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: _____ 3/12/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #