FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N10030** **(7)**

1. Corporation Name
YE LITTLE WOOD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% WILLIAM H. DACAMARA 836 EAST DRIVE BOYNTON BEACH FL 33435	% WILLIAM H. DACAMARA 836 EAST DRIVE BOYNTON BEACH FL 33435

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/02/1985
3a. Date of Last Report: 04/13/1994
4. FEI Number: 26-3073515 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DACAMARA, WILLIAM H.
836 EAST DRIVE
BOYNTON BEACH FL 33435

10. Name and Address of New Registered Agent

81 Name: Charlotte S. Lees
82 Street Address (P.O. Box Number is Not Acceptable): 110 Wood Ln
83:
84 City: Delray Beach FL 85 Zip Code: 33444

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Charlotte S. Lees 4-20-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	11 TITLE	President	☒ Change ☐ Addition
NAME	DACAMARA, WILLIAM H.	12 NAME	Charlotte S. Lees	
STREET ADDRESS	836 EAST DRIVE	13 STREET ADDRESS	110 Wood Ln	
CITY-ST-ZIP	BOYNTON BEACH FL	14 CITY-ST-ZIP	Delray Beach FL 33444	
TITLE	VSD	21 TITLE	Vice President	☒ Change ☐ Addition
NAME	DACAMARA, LOUISE M.	22 NAME	Mary Jane Thomas	
STREET ADDRESS	836 EAST DRIVE	23 STREET ADDRESS	120 Wood Ln	
CITY-ST-ZIP	BOYNTON BEACH FL	24 CITY-ST-ZIP	Delray Beach FL 33444	
TITLE	D	31 TITLE	Secretary	☐ Change ☐ Addition
NAME	SUMRALL, H. CASSEDY JR.	32 NAME	Joan McInerney	
STREET ADDRESS	3980 LONE PINE RD.	33 STREET ADDRESS	125 Wood Ln	
CITY-ST-ZIP	DELRAY BEACH FL	34 CITY-ST-ZIP	Delray Beach FL 33444	
TITLE		41 TITLE	Treasurer	☐ Change ☐ Addition
NAME		42 NAME	Gary Friedlander	
STREET ADDRESS		43 STREET ADDRESS	108 Wood Ln	
CITY-ST-ZIP		44 CITY-ST-ZIP	Delray Beach FL 33444	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME	S00001490785	
STREET ADDRESS		53 STREET ADDRESS	-05/17/95--01052--010	
CITY-ST-ZIP		54 CITY-ST-ZIP	****130.00 ****130.00	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charlotte S. Lees 4/20/95 (407) 276-2371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COM914