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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARIMENT OF STATE Sandra B Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # (7) N10030

YE LITTLE WOOD HOMEOWNERS ASSOCIATION, INC.

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9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent		⊢ ′		7 70 22 4 8 4 SQUII			Const	8. This corporation has liability for intangible tax under s. 199.032,			
LEES, CHARLOTTE S. 110 WOOD LANE DELRAY BEACH FL 33444 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Ronds Statutes, the above projected agent, or both, in the State of Fonds. Such change was authorized by the corporation submits this statement for the provision of changing its posteries of Grandian With, and accept the displaced of Scotic 1977,0505, Ronds Statutes, the above projected agent, or both, in the State of Fonds. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as repetied agent. I am provide the provision of Changing its posteries of Grandian With, and accept the displaced of Scotic 1977,0505, Ronds Statutes, the above projection is board of directors. Thereby accept the appointment as repetied agent. I am provided by the corporation's board of directors. Thereby accept the appointment as repetied agent. I am provided by the corporation's board of directors. Thereby accept the appointment as repetied agent. I am provided by the corporation's board of directors. Thereby accept the appointment as repetied agent. I am provided by the corporation's board of directors. Thereby accept the appointment as repetied agent. I am provided by the corporation's board of directors. Thereby accept the appointment as repetied agent. I am provided by the corporation's submits this statement for the provided of changing its posterior and accept the appointment as repetied agent. I am provided by the corporation's submits this statement for the provided of changing its posterior and accept the appointment as repetied agent. I am provided by the corporation submits this statement for the provided of changing its posterior and accept the appointment as repetitive accept the appointment as repetitive and accept the appointment as repetitive accept the appointment accepts and accept the appointment accepts and accept the appointment accepts and	24	areas are conserved to the control of the control 			30 1/2	TATION SEALES		L			
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11. Pursuant to the provisions of Sections 617-0502 and 617-1508. Horida Statutes, the above-named corporation automatis this statement for the provisions of Sections 617-0502 and 617-1508. Horida Statutes, the above-named corporation automatis this statement for the purpose of changing its properties of clicks or registered agent, or coth, in the State of Revisia Statute, shared the corporation's board of directors. I hereby accept the dispositioning for properties are displaced agent, or coth, in the State of Revisia Statutes, the corporation's board of directors. I hereby accept the dispositioning to Special Register of the corporation's board of directors. I hereby accept the dispositioning to the purpose of changing its properties of directors. I hereby accept the dispositioning to the properties of the dispositioning to the purpose of changing its properties of directors. I hereby accept the dispositioning to the purpose of changing its properties of directors. I hereby accept the dispositioning to the properties of the dispositioning to the purpose of changing its properties of the corporation's board of directors. I hereby accept the dispositioning to the properties of the dispositioning to the dispositioning to the dispositioning the dispositioning to the corporation's board of directors. I hereby accept the dispositioning to the dispositioning the dispositioning the dispositioning the dispositioning that the dispositioning the dispositioning that the dispositi	LEEC C	HADI OTTE O				i Name					
DELRAY BEACH FL 33444 B3						82	Street Addin	Street Address (P.O. Box Number is Not Acceptable)			
14 Pursuant to the provisions of Sections E17.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its geneticed discorrect or registered agent, or ooth, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accopt the appointment as registered agent. I am familiar with, and accept the obligators of Sciolar 917.0502, Florida Statutes, the above named corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligators of Sciolar 17.0502, Florida Statutes, the above named corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligators of Sciolar 17.0502, Florida Statutes, the above named corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligators of Sciolar 17.0502, Florida Statutes, the above named corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligators of Sciolar 17.0502, Florida Statutes, the above named corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar named agent agent of directors. Thereby accept the appointment as registered agent. I am familiar named agent agent of directors. Thereby accept the appointment as registered agent. I am familiar named agent agent of directors. Thereby accept the appointment as registered agent. I am familiar named agent agent of directors. Thereby accept the appointment as registered agent. I am familiar named agent agent agent agent of the provision appointment as registered agent. I am familiar named agent agen				63							
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certify that the information indicated on this annual report or surplemental annual report is true and accurate and that my signature shall have the same koral effect as if made under	14. I do hereb	y certify that the information supplied	d with this	filing is voluntarily furn	ished and	does		or the exemption stated in Section 119.0	7(3)(k), Florida Statu	tes. 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: STATUTE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Charlotte S. Leec Dr.

(40) 276 2371 Daylarine Phone #