## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

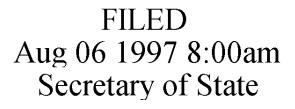
1997 DOCUMENT #

N10030

(7)

YE LITTLE WOOD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business									
110 WOOD	LN								





Principal Plac	e of Business		Mailing A	ddress				1					
110 WOOD LN DELRAY BEAC			110 WOOD DELRAY BE	LN EACH FL 33444	1-3965								
									3. Date Incorporated or Qualifie 07/02/1985	d 3a. Da	te of La 03/29/	st Re /199	oort <b>5</b>
<del></del>	Place of Business		2a. Mailing	g Address					4. FEI Number 26-3073515			<u> </u>	lied For
21		2	26						20-3073313			-	Applicable
Suite, Apt.	#, etc.	2	Suite,	Apt. #, etc.					5. Certificate of Status Desired			6 Req	ditional ulred
City & Sta	le		City &	State					6. Election Campaign Financing	_	\$5.	۸ 00	lay Be
23		2	8		· ·				Trust Fund Contribution	<u> </u>			Fees
Zip 24	Country 25		Zip 19		30 Co.	untry			<ol> <li>This corporation has liability f Florida Statutes</li> </ol>	Yes [	No	er s.	199.032,
	9. Name and Address	of Current Re	gistered A	igent					10. Name and Address of New	Registered	Agent		
						61	Name						
	CHARLOTTE S. IOD LANE					<b>B2</b>	Street A	Address	s (P.O. Box Number is Not Accep	table)	'		
	BEACH FL 33444					В3						-	
						84	City			FL	85	Zip C	ode
11. Pursuant office or agent. I s	am familiar with, and accep	ot the obligation	s of, Section	on 617.0503, F	rtes, the a authorize lorida Sta	bove d by tutes	-named the corp i.	corpora coration	ation submits this statement for the statement of the statement of directors. I hereby ac		changi ointmen	ng its it as r	registered egistered
	Signature, typed or printed name of	registered agent and	I title if applicat	ble (NO		d Age	nt signature	required v	when reinstating)	DATE			
12.		ICERS AND DI	RECTORS		13.			,	ADDITIONS/CHANGES TO OF	FICERS AND			
TITLE	PD	•		DELETE	1.1 Ŧ						☐ Char	nge	☐ Addition
NAME	LEES, CHARLOTTE	8			1.2 N								
STREET ADDRESS	110 WOOD LN DELRAY BEACH FL	22444					ADDRESS						
CITY-ST-ZIP	VD VD	33444		DELETÉ		ITY-S	T-ZIP				Char	200	Addition
TITLE	THOMAS, MARY JA	NE			2.1 T 2.2 N							ığc	L.J Addition
NAME Street address	120 WOOD LANE	116					ADDRESS						
CITY-ST-ZIP	DELRAY BEACH FL	33444											
TITLE	SD	00111		DELETE	3.17		ST-ZIP				☐ Chai	nne	Addition
NAME	MCILNENY, JOAN				3.2 N						_		
STREET ADDRESS	125 WOOD LANE						ADDRESS						
CITY-ST-ZIP	DELRAY BEACH FL	33444					T-ZIP						
TITLE	<b> </b>			DELETE	4.1 T						☐ Chai	nge	Addition
NAME	FRIEDLANDER, JOY				4.21	MAME							
STREET ADDRESS	100 WOOD LANE				4.3 S	TREET	ADDRESS						
CITY-ST-ZIP	DELRAY BEACH FL	33444			4.4 C	ITY-S	T-ZIP						
TITLE				DELETE	5.1 T	ITLE					Cha	nge	Addition
NAME					5.2 N	IAME							
STREET ADDRESS					5.3 S	TREET	ADDRES\$						
CITY-ST-ZIP					5.4 0	ITY-S	T- <b>Z</b> IP						
TITLE				DELETE	6.1 T	ITLE					Cha	nge	Addition
NAME					6.2 N	AME							
STREET ADDRESS					6.3 S	TREET	address						
CITY-ST-ZIP						ITY-S		<u> </u>	Carrier 110 07/2V() Florida Cta				
	her and the that the informat	فأريد لمحاله مدرم مح	m dhia dilina	. MAAA NAL MIIA	usu for the				Charles 110 D7/2/61 Elevide Char	uran I furtha			

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 Statutiss and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.