

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10562

FILED
Apr 07, 2009
Secretary of State

Entity Name: LITTLESTONE COURT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5783 LITTLESTONE CT
N FT MYERS, FL 33903 US

New Principal Place of Business:

Current Mailing Address:

5783 LITTLESTONE CT
N FT MYERS, FL 33903 US

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:

SEELEY, PAUL
5783 LITTLESTONE CT
N FT 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: P () Delete
Name: SEELEY, PAUL
Address: LIMESTONE CT
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: V/S () Delete
Name: SEGURA, EVELYN JOY
Address: 5785 LITTLESTONE CT
City-St-Zip: FORT MYERS, FL 33903

Title: D () Delete
Name: GILL, FRANK,
Address: 5779 LITTLESTONE COURT
City-St-Zip: FORT MYERS, FL 33903

Title: T () Delete
Name: KACZMAREK, MARGARET
Address: 5775 LITTLESTONE CT
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: D () Delete
Name: O'NEIL, ALICE
Address: 5781 LITTLESTONE CT
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: D () Delete
Name: MILLER, CLARE
Address: 5773 LITTLESTONE CT
City-St-Zip: NORTH FORT MYERS, FL 33903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SEELEY, PAUL
Address: 5783 LITTLESTONE CT
City-St-Zip: NORTH FORT MYERS, FL 33903

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

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

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

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

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: PAUL SEELEY

PRES

04/07/2009

Electronic Signature of Signing Officer or Director

Date