

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N26898

1. Entity Name
**LITTLE RIVER FARMS HOMEOWNERS ASSOCIATION,
INC.**



Principal Place of Business

**C/O JANNIE JOHNSON
P O BOX 681504
MIAMI, FL 33168-1504**

Mailing Address

**C/O JANNIE JOHNSON
P O BOX 681504
MIAMI, FL 33168-1504**

DO NOT WRITE IN THIS SPACE



04092007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JOHNSON, JANNIE
11281 NW 22 AVE
MIAMI, FL 33167**

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000712437
04/26/07-80047-012 70.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
JOHNSON, RICHARD
11281 NW 22ND AVENUE
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
MCMILLIAN, JUANITA
1925 NW 114 ST.
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
JONES, LEROY
1892 NW 112 ST.
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
JACKSON, GINETTE
1871 NW 107 ST.
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
JOHNSON, JANIE
11281 NW 22 AVE.
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jannie Johnson
Jannie Johnson

4/12/07
Date

305 688 9970
Daytime Phone #