2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 07, 2008 8:00 am Secretary of State

	ANNUAL REPORT	
DOCUMENT	# N26898	ALTHE

1. Entity Name LITTLE RIVER FARMS HOMEOWNERS ASSOCIATION, INC.									04	4-07-2008	90032 0	16 ****7	0.00
Principal Place of Business C/O JANNIE JOHNSON P O BOX 681504 MIAMI, FL 33168-1504 Miami, FL 33168-1504 Miami, FL 33168-1504					4						71 JIZI 0110 O		
Principal Place of Business - No P.O. Box # 3. Mailing Address													
Suite, Apt. #, etc. Sui			Suite, Apt. #, etc.			04022008	G CI	ng-NP	CR2E0	37 (12/06)			
City & State		Cit	City & State				4. FEI Num NOT A		CABLE		<u> </u>	Applied For Not Applicable	
Ζip		Country	Zip)	Cou	ıntry		5. Certifica	te of St	atus Desired	Ø	\$8.75 A	
	6. Name	e and Address of Curren	nt Registere	d Agent		Name		7. Name a	nd Add	ress of New I	Registered	Agent	
JOHNSON, JANNIE 11281 NW 22 AVE					ddress (I	P.O. Box Nurr	beris l	Not Acceptab	le)				
MIAMI, FL	33167					l <u></u> .					•		
						City					Fl	Zip Co	de
	named entitions of regis	ty submits this statement stered agent.	for the purp	ose of changing its	registere	ed office or	register	ed agent, or t	ooth, in	the State of F	lorida. I am	familiar with	i, and accept
SIGNATURE .	Signature, types	d or printed name of registered age	ent and title if acco	licable (NOT	Registere	d Agent signatu	re required				DATE	·	
			ī					with leading)					
	_	ee is \$61.25 May 1, 2008		9. Election Can Trust Fund C	npaign F	inancing		\$5.00 May Added to Fee	⁄Be ≋s		Wake chec	k payable rtment of	
10.	Due by I		DIRECTORS	9. Election Can Trust Fund C	npaign F Contributi	inancing ion.		\$5.00 May Added to Fed	×s		Make chec rida Depa	RECTORS	State N 10
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by I	May 1, 2008 OFFICERS AND D IN, RICHARD W 22ND AVENUE	DIRECTORS	9. Election Can Trust Fund C	npaign F Contributi 11. TITLE NAME	inancing ion.		\$5.00 May Added to Fed	×s	Flo	Make chec rida Depa	rtment of	State N 10
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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 OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

4-2-2008

305 6889970

Daytime Phone #