


FILE NOW: FILING FEE IS \$61.25

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90207 026 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999			FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N43596			
1. Corporation Name LITTLE HARBOR ON THE HILLSBORO HOMES ASSOCIATION, INC.			
Principal Place of Business 1102 NE 4TH DRIVE DEERFIELD BEACH FL 33441 US		Mailing Address 1102 NE 4TH DR DEERFIELD BEACH FL 33441 US	



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/23/1991	
				4. FEI Number 65-0237502	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent LAI, GWENDOLYN M 1102 NE 4TH DRIVE DEERFIELD BEACH FL 33441				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARTE, JUDY			1.2 NAME	Sic Thawley		
STREET ADDRESS	43 NE 11TH WAY			1.3 STREET ADDRESS	74 NE 11 Way		
CITY-ST-ZIP	DEERFIELD BEACH FL			1.4 CITY-ST-ZIP	Deerfield Beach FL 33441		
TITLE	S	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, SUZANNE			2.2 NAME			
STREET ADDRESS	46 NE 11TH WAY			2.3 STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WADSWORTH, WALT			3.2 NAME			
STREET ADDRESS	1111 NE 4TH DR			3.3 STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BCH FL 33441			3.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAI, GWEN M.			4.2 NAME			
STREET ADDRESS	1102 NE 4TH DRIVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LINDSTROM, BETTY			5.2 NAME			
STREET ADDRESS	1104 NORTHEAST 4TH DRIVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH FL			5.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RISKY, GEORGE			6.2 NAME			
STREET ADDRESS	12 NE 11 WAY			6.3 STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BCH FL 33441			6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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, with all other like empowered.

SIGNATURE:

Gwendolyn M. Lai
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/99 954-480-8849

CR2E037 (11/98)