2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N43596 1. Entity Name LITTLE HARBOR ON THE HILLSBORO HOMES ASSOCIATION Principal Place of Business Mailing Address 1102 NE 4TH DRIVE 1102 NE 4TH DR DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 2. Principal Place of Business Little Harbor 70 Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90046 045 ****61.25



Del Sta	Field	Beach Fr	Deer Field	Beach	FL	4. FEI Numb	er 65-0237502)	ļļ	applied For lot Applicable
2ig 33441 Country A			33441	Country A	5. Certificate of Stat			us Desired \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent										
	~ ~ ~ <u>~ ~ .</u>		Name	Name Tom Kinne						
LAI, GWENDOLYN M					Street Address (P.O. Box Number is Not Acceptable)					
			Oli coli 7	5. 351. 33. 335 (1.0. DOX Hambor to Hot Hoodplable)						
	4TH DRIVE	1 00444	70	70 Little Harbor Way						
DEERIFIE	LD BEACH F	L 33441	City C							
·			", '	ON Veer Field Beach FL 20033441						
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.										
33 Acr 01										
SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW: 9. Election Campaign Financia						О Мау Ве	Make Check Payable to			·
FEE IS \$61.25 Trust Fund Contribution.					☐ Added to Fees Departme			partmei	ent of State	
10.		OFFICERS AND DIF	PECTORS	11.		DDITIONS (CL	ANGES TO OFFICE	DC AND D	NIDECTORS IN	110
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NAME	BROWN, S	I IZANNË	☐ Delete	NAME	700	۲. ۲. ۲. ۲. ۲. ۲. ۲. ۲. ۲. ۲. ۲. ۲. ۲. ۲	A.		Change	Addition
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CITY-ST-ZIP	DEERFIELD BCH.FL 33441								<u> </u>	
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NAME	LAI, GWEN	M.		NAME					_ •	_
STREET ADDRESS	1102 NE 4	th drive		STREET ADDRESS						
CITY-ST-ZIP	DEERFIELD	BEACH FL		CITY-ST-ZIP						}
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CITY-ST-ZIP	DEERFIELD	BCH FL 33441		CITY-ST-ZIP					•	
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STREET ADDRESS				STREET ADDRESS				-)
CITY-ST-ZIP				CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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: