

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90463 023 ****61.25

DOCUMENT # N43596

1. Entity Name

**LITTLE HARBOR ON THE HILLSBORO HOMES
ASSOCIATION, INC.**



Principal Place of Business

**1101 LITTLE HARBOR DR
DEERFIELD BEACH FL 33441
US**

Mailing Address

**1101 LITTLE HARBOR DR
DEERFIELD BEACH FL 33441
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

-Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

65-0237502

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVIS, DEBRA B
1101 LITTLE HARBOR DR
DEERFIELD BEACH FL 33441**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DS** ☒ Delete
NAME **BROWN, SUZANNE**
STREET ADDRESS **46 NE 11TH WAY**
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE **C** ☐ Change ☒ Addition
NAME **Craig Conway**
STREET ADDRESS **49 Little Harbor Way**
CITY-ST-ZIP **Deerfield Bch, FL 33441**

TITLE **DP** ☐ Delete
NAME **WADSWORTH, WALT**
STREET ADDRESS **1111 NE 4TH DR**
CITY-ST-ZIP **DEERFIELD BCH FL 33441**

TITLE **DS** ☐ Change ☒ Addition
NAME **Julie Noch**
STREET ADDRESS **34 Little Harbor Way**
CITY-ST-ZIP **Deerfield Bch, FL 33441**

TITLE **TD** ☐ Delete
NAME **LAI, GWEN M.**
STREET ADDRESS **1102 NE 4TH DRIVE**
CITY-ST-ZIP **DEERFIELD BEACH FL**

TITLE **VPD** ☐ Change ☒ Addition
NAME **Kristen Koch**
STREET ADDRESS **67 Little Harbor Way**
CITY-ST-ZIP **Deerfield Bch, FL 33441**

TITLE **I** ☐ Delete
NAME **DAVIS, DEBRA B**
STREET ADDRESS **1101 LITTLE HARBOR DR**
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE **C** ☐ Change ☒ Addition
NAME **Shelley Simonson**
STREET ADDRESS **66 Little Harbor Way**
CITY-ST-ZIP **Deerfield Bch, FL 33441**

TITLE **VPD** ☒ Delete
NAME **RISKY, GEORGE**
STREET ADDRESS **12 NE 11 WAY**
CITY-ST-ZIP **DEERFIELD BCH FL 33441**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☒ Delete
NAME **HARTE, JUDY**
STREET ADDRESS **43 LITTLE HARBOR WAY**
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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

Date

Daytime Phone #

4/28/04 954-574-0556