

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-09-2006 90029 015 ****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	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 		Debra B. Davis		1-5-06	
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, 2006		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	C	☒ Delete	TITLE	C	☐ Change ☒ Addition
NAME	CONWAY, CRAIG		NAME	Leigh Kinne	
STREET ADDRESS	49 LITTLE HARBOR WAY		STREET ADDRESS	70 Little Harbor Way	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441		CITY-ST-ZIP	Deerfield Bch. FL 33441	
TITLE	PD	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	WADSWORTH, WALT		NAME		
STREET ADDRESS	1111 NE 4TH DR		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BCH, FL 33441		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LAI, GWEN M.		NAME		
STREET ADDRESS	1102 NE 4TH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH, FL		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DAVIS, DEBRA B		NAME		
STREET ADDRESS	1101 LITTLE HARBOR DR		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441		CITY-ST-ZIP		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	NOAH, JULIE		NAME		
STREET ADDRESS	34 LITTLE HARBOR WAY		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BCH, FL 33441		CITY-ST-ZIP		
TITLE	DS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KOCH, KRISTEN		NAME		
STREET ADDRESS	65 LITTLE HARBOR WAY		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441		CITY-ST-ZIP		
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, without other like empowered.					
SIGNATURE: 		1-5-06		954-574-0556	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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