

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001281

FILED  
Apr 29, 2005  
Secretary of State

**Entity Name:** LITTLE LAKE ESTATES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

524 LITTLE LAKE CT  
WINTER HAVEN, FL 33884 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 5314  
WINTER HAVEN, FL 33880 US

**New Mailing Address:**

**FEI Number:** 65-0745990

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOYE, TOM  
524 LITTLE LAKE CT  
WINTER HAVEN, FL 33884 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MOYE, TOM  
Address: 524 LITTLE LAKE CT  
City-St-Zip: WINTER HAVEN, FL 33884

Title: PD ( ) Delete  
Name: MCDIVITT, SCOTT  
Address: 525 LITTLE LANE COURT  
City-St-Zip: WINTER HAVEN, FL 33884

Title: D ( ) Delete  
Name: BERNSTEIN, TED  
Address: 512 LITTLE LAKE CT  
City-St-Zip: WINTER HAVEN, FL 33884

Title: SD ( ) Delete  
Name: SWANSON, JOHN  
Address: 526 LITTLE LAKE CT  
City-St-Zip: WINTER HAVEN, FL 33884

Title: VD ( ) Delete  
Name: ANTHONY, STEPHEN  
Address: 503 LITTLE LAKE CT  
City-St-Zip: WINTER HAVEN, FL 33884

Title: TD ( ) Delete  
Name: MASSEY, CLARICE  
Address: 521 LITTLE LAKE CT  
City-St-Zip: WINTER HAVEN, FL 33884

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLARICE MASSEY

DIR

04/29/2005

Electronic Signature of Signing Officer or Director

Date