

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # N97000001281

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



Principal Place of Business
**524 LITTLE LAKE CT
WINTER HAVEN, FL 33884 US**

Mailing Address
**P O BOX 5314
WINTER HAVEN, FL 33880 US**



01092007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0745990

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MOYE, TOMMY B
524 LITTLE LAKE CT
WINTER HAVEN, FL 33884**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MOYE, TOMMY B
STREET ADDRESS 524 LITTLE LAKE COURT
CITY-ST-ZIP WINTER HAVEN, FL 33884

TITLE VPD
NAME FOX, TIM
STREET ADDRESS 517 LITTLE LANE COURT
CITY-ST-ZIP WINTER HAVEN, FL 33884

TITLE D
NAME BERNSTEIN, TED
STREET ADDRESS 512 LITTLE LAKE CT
CITY-ST-ZIP WINTER HAVEN, FL 33884

TITLE TD
NAME JACOBY, KATHY
STREET ADDRESS 513 LITTLE LAKE CT
CITY-ST-ZIP WINTER HAVEN, FL 33884

TITLE D
NAME MIROS, LORIE
STREET ADDRESS 528 LITTLE LAKE CT
CITY-ST-ZIP WINTER HAVEN, FL 33884

TITLE D
NAME HENRY, RAY
STREET ADDRESS 504 LITTLE LAKE CT
CITY-ST-ZIP WINTER HAVEN, FL 33884

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01/18/07-80070-017 61.25

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IN THIS SPACE**

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, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-14-07 863 318 1515