

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2008 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**



01132008 No Chg-NP CR2E037 (4/08)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0745990	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U00000901319
04/29/08-80064-007 61.25**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MOYE, TOMMY B 524 LITTLE LAKE COURT WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD FOX, TIM 517 LITTLE LANE COURT WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BERNSTEIN, TED 512 LITTLE LAKE CT WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD JACOBY, KATHY 513 LITTLE LAKE CT WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MIROS, LORIE 528 LITTLE LAKE CT WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HENRY, RAY 504 LITTLE LAKE CT WINTER HAVEN, FL 33884

**DO NOT WRITE
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

**TED
Bernstein**

4-10-08 863-326-1176
Date Daytime Phone #