FOR FLORIDA CORPORATION

ANNUAL REPORT

FILED
Aug 02, 2004 8:00 am
Secretary of State
05-03-2004 90733 019 ****70.00

5/3

DOCUMENT # N98000002154

1. Entity Name
WEST LITTLE RIVER HOMEOWNERS & TENANTS ASSOCIATION INC.

Principal Place of Business	Mailing Address
8518 N.W. 23 AVENUE MIAMI, FL 33147	8518 N.W. 23 AVENUE MIAMI, FL 33147

04272004 Chg-NP CR2E037 (10/03)

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 65-0828421 ☐ Applied For ☐ Not Applicable

6. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

5. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JONES, CARLNELL 8518 N.W. 23 AVENUE MIAMI, FL 33147	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

Filing 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 PD NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, CARLNELL 8518 N.W. 23 AVENUE MIAMI, FL 33147	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	KNIGHT, CLEVELAND 1835 NW 91 STREET MIAMI, FLORIDA 33147	☐ Change ☒ Addition
TITLE FD NAME STREET ADDRESS CITY-ST-ZIP	FD REED, MARY 1771 NW 88TH ST MIAMI, FL 33147	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE SD NAME STREET ADDRESS CITY-ST-ZIP	SD JONES, FANNIE 2531 N.W. 82 STREET MIAMI, FL 33147	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE TD NAME STREET ADDRESS CITY-ST-ZIP	TD HAMIDULLAH, BARBARA 1939 N.W. 81 STREET MIAMI, FL 33147	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	D MOODY, BOB 2046 N.W. 92 STREET MIAMI, FL 33147	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Carlnell Jones | Carlnell Jones | 4/28/04 | (305)691-6435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #