


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # N98000002154 1. Entity Name WEST LITTLE RIVER HOMEOWNERS & TENANTS ASSOCIATION INC.	
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Principal Place of Business 8518 N.W. 23 AVENUE MIAMI, FL 33147	Mailing Address 8518 N.W. 23 AVENUE MIAMI, FL 33147
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DO NOT WRITE IN THIS SPACE



04302008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0828421	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JONES, CARLNELL 8518 N.W. 23 AVENUE MIAMI, FL 33147	DO NOT WRITE IN THIS SPACE
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8. The above named entry 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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

Filing Fee Is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000946549 05/30/08-80052-016 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, CARLNELL 8518 N.W. 23 AVENUE MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FD REED, MARY 1771 NW 88TH ST MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JONES, FANNIE 2531 N.W. 82 STREET MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOODY, BOB 2046 N.W. 92 STREET MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNIGHT, CLEVELAND 1835 NW 91 STREET MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:  4/29/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #