

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

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

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



04302008 No Chg-NP CR2E037 (4/06)

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

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 reappointing) \_\_\_\_\_ 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

U00000946549  
05/30/08-80052-016 70.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD JONES, CARLNELL 8518 N.W. 23 AVENUE MIAMI, FL 33147</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FD REED, MARY 1771 NW 88TH ST MIAMI, FL 33147</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD JONES, FANNIE 2531 N.W. 82 STREET MIAMI, FL 33147</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MOODY, BOB 2046 N.W. 92 STREET MIAMI, FL 33147</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KNIGHT, CLEVELAND 1835 NW 91 STREET MIAMI, FL 33147</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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