

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S41576 (7)
1. Corporation Name
LITTLE GULL CONDOMINIUM ASSOCIATION SALES, INC.



Principal Place of Business
**5330 GULF OF MEXICO DR
LONGBOAT KEY FL 34228**

Mailing Address
**5330 GULF OF MEXICO DR
LONGBOAT KEY FL 34228**

3. Date Incorporated or Qualified
03/28/1991

3a. Date of Last Report
02/13/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number
65-0254072

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CUNNINGHAM PROPERTY MANAGEMENT CORP.
1030 SEASIDE DR
SARASOTA FL 34242**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOT: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WAGLE, ROY	
STREET ADDRESS	5330 GULF OF MEXICO DR	
CITY - ST - ZIP	LONGBOAT KEY FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BURTON, LINDA	
STREET ADDRESS	5330 GULF OF MEXICO DR	
CITY - ST - ZIP	LONGBOAT KEY FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	RICE, ALEXANDRA	
STREET ADDRESS	5330 GULF OF MEXICO DR	
CITY - ST - ZIP	LONGBOAT KEY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jim Lohner	
1.3 STREET ADDRESS	2002 Toco Baya Lane	
1.4 CITY - ST - ZIP	NOKOMIS, FL 34225	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BURTON, LINDA	
2.3 STREET ADDRESS	5330 GULF OF MEXICO DR.	
2.4 CITY - ST - ZIP	LONGBOAT KEY 34228	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Dirk Tolle	
3.3 STREET ADDRESS	2914 Ponderosa Tr.	
3.4 CITY - ST - ZIP	WIMAUMA, FL 33598	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **4/2/96** **941-483-4433**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E034 (12/95)