

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 716495

**FILED**  
**Mar 22, 2017**  
**Secretary of State**  
**CC6210698007**

**Entity Name:** LITTLE OCEAN CLUB CONDOMINIUM, INC.

**Current Principal Place of Business:**

C/O COASTAL PROPERTY MANAGEMENT  
10 SE CENTRAL PARKWAY SUITE 100  
STUART, FL 34994

**Current Mailing Address:**

C/O COASTAL PROPERTY MANAGEMENT  
10 SE CENTRAL PARKWAY SUITE 100  
STUART, FL 34994 US

**FEI Number: 59-1268758**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

FIELDS & BACHOVE, PLLC  
C/O FIELDS & BACHOVE, PLLC  
4440 PGA BOULEVARD SUITE 308  
PALM BEACH GARDENS, FL 33410 US

*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.*

**SIGNATURE: EVAN BACHOVE**

**03/22/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CLEMENTZ, THOMAS  
Address        10 SE CENTRAL PARKWAY  
                  SUITE 100  
City-State-Zip: STUART FL 34994

Title            TREASURER  
Name            ALTON, NANCY  
Address        10 SE CENTRAL PARKWAY  
                  SUITE 100  
City-State-Zip: STUART FL 34994

Title            SECRETARY  
Name            HARPER, CHRISTOPHER  
Address        10 SE CENTRAL PARKWAY  
                  SUITE 100  
City-State-Zip: STUART FL 34994

Title            VP  
Name            CROSSWHITE, JODY  
Address        10 SE CENTRAL PARKWAY  
                  SUITE 100  
City-State-Zip: STUART FL 34994

Title            DIRECTOR  
Name            FRIEDMAN, LAWRENCE  
Address        10 SE CENTRAL PARKWAY  
                  SUITE 100  
City-State-Zip: STUART FL 34994

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: THOMAS CLEMENTZ**

**PRESIDENT**

**03/22/2017**

Electronic Signature of Signing Officer/Director Detail

Date