

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 704466

(2)

1. Corporation Name

LARGO SOUND PARK CLUB INC

Principal Place of Business

Mailing Address

**52 SHORELAND DRIVE
KEY LARGO FL 33037**

**52 SHORELAND DRIVE
KEY LARGO FL 33037**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DUNLAP, MAXINE
64 SNAPPER AVE.
KEY LARGO FL 33037**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Maxine Dunlap
Signature, typed or printed name of registered agent and the applicable

Maxine Dunlap
(NOTE: Registered Agent signature required when reinstating)

Feb. 17, 1996
DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GRAVES, MONIKA	
STREET ADDRESS	70 TRANSYLVANIA AVE	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	O'BRIEN, LORRAINE	
STREET ADDRESS	9100 SW 81ST AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	TILNEY, ROBERT	
STREET ADDRESS	65 SNAPPER AVENUE	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DUNLAP, MAXINE	
STREET ADDRESS	64 SNAPPER AVE.	
CITY-ST-ZIP	KEY LARGO FL 33037	
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	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Robert F. Tilney	
1.3 STREET ADDRESS	65 Snapper Ave.	
1.4 CITY-ST-ZIP	Key Largo, FL	
2.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Lorraine O'Brien	
2.3 STREET ADDRESS	9100 SW 81st Ave.	
2.4 CITY-ST-ZIP	Miami, FL.	
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Michael LeBoeuf	
3.3 STREET ADDRESS	42 Marlin Ave.	
3.4 CITY-ST-ZIP	Key Largo, FL.	
4.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Maxine Dunlap	
4.3 STREET ADDRESS	64 Snapper Ave.	
4.4 CITY-ST-ZIP	Key Largo, FL.	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Maxine Dunlap
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 17, 1996
Date

1-305-453-9712
Daytime Phone #

CR2E037 (12/95)