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Apr 30 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 704466 (2)

1. Corporation Name

LARGO SOUND PARK CLUB INC

Principal Place of Business

52 SHORELAND DRIVE
KEY LARGO FL 33037

Mailing Address

52 SHORELAND DRIVE
KEY LARGO FL 33037-4752

3. Date Incorporated or Qualified
08/30/1962

3a. Date of Last Report
02/26/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

59-2004839

Applied For

Not Applicable

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

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, Treas.

4/1/97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME TILNEY, ROBERT E
STREET ADDRESS 65 SNAPPER AVE
CITY-ST-ZIP KEY LARGO FL ☐ DELETE

TITLE VD
NAME LEBOUF, MICHAEL
STREET ADDRESS 42 MARLON AVE
CITY-ST-ZIP KEY LARGO FL ☒ DELETE

TITLE TD
NAME DUNLAP, MAXINE
STREET ADDRESS 64 SNAPPER AVE.
CITY-ST-ZIP KEY LARGO FL 33037 ☐ DELETE

TITLE SD
NAME O'BRIEN, LORRAINE
STREET ADDRESS 8100 SW 81ST AVE
CITY-ST-ZIP MIAMI FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Tilney, Robert F.
1.3 STREET ADDRESS 65 SNAPPER AVE
1.4 CITY-ST-ZIP Key LARGO, FL 33037 ☐ Change ☐ Addition

2.1 TITLE VD
2.2 NAME CHEW, GERALD
2.3 STREET ADDRESS 55 Bonefish AVE
2.4 CITY-ST-ZIP KEY LARGO, FL 33037 ☒ Change ☒ Addition

3.1 TITLE TD
3.2 NAME Dunlap, Maxine
3.3 STREET ADDRESS 64 SNAPPER AVE.
3.4 CITY-ST-ZIP Key LARGO, FL 33037 ☐ Change ☐ Addition

4.1 TITLE SD
4.2 NAME Williams, Betty
4.3 STREET ADDRESS 35 Jewish Ave P.O. Box 316
4.4 CITY-ST-ZIP Key LARGO, FL 33037 ☒ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *Maxine Dunlap, Treas.* 4/1/97 305-453-9712

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0024404

CR2E037 (9/96)