

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**  
 05-09-2002 90025 042 \*\*\*\*61.25

**DOCUMENT # 704466**

1. Entity Name

**LARGO SOUND PARK CLUB INC**

Principal Place of Business

Mailing Address

52 SHORELAND DRIVE  
 KEY LARGO FL 33037

C/O GV CHEW  
 55 BONEFISH AVE.  
 KEY LARGO FL 33037

2. Principal Place of Business

3. Mailing Address

**P.O. Box 3244**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**KEY LARGO, FL**

4. FEI Number

**59-2004839**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33037**

**MONROE**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHEW, GERALD V**  
**55 BONEFISH AVE.**  
**KEY LARGO FL 33037**

Name

**ROBERT W. ANDERSON**

Street Address (P.O. Box Number is Not Acceptable)

**14 JEWFISH AVE**

City

**KEY LARGO**

**FL**

Zip Code

**33037**

8. 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

*Robert W. Anderson*, **TREAS. ROBERT W. ANDERSON**

**APRIL 20, 2002**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**TO**  
**CHEW, GERALD**  
**55 BONEFISH AVE.**  
**KEY LARGO FL 33037** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**T/D**  
**ROBERT W. ANDERSON**  
**14 JEWFISH AVE**  
**KEY LARGO, FL 33037** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PDC**  
**BLOODWORTH, ROSS**  
**3 SNAPPER AVE.**  
**KEY LARGO FL 33037** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VD**  
**ANDERSON, ROBERT**  
**14 JEWFISH AVE.**  
**KEY LARGO FL 33037** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**V/D**  
**CHRISTINA TOLPIN**  
**36 MARLIN AVE**  
**KEY LARGO FL 33037** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**SD**  
**GANNAWAY, DESI**  
**39 BASS AVENUE**  
**KEY LARGO FL 33037** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
~~**CECELIA MCCAFFERTY**~~ ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**DYKES, LISA**  
**45 SNAPPER AVE.**  
**KEY LARGO FL 33037** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**S/D**  
**CECELIA MCCAFFERTY**  
**40 JEWFISH AVE**  
**KEY LARGO, FL 33037** ☐ Change ☒ Addition

12. I 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 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:

*Robert W. Anderson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ROBERT W. ANDERSON 4/20/2002**

Date

Daytime Phone #

**305-451-0889**

CR2E037 (9/01)