


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90478 036 \*\*\*\*61.25

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| <b>DOCUMENT # 723494</b><br>1. Entity Name<br><b>LAKEVIEW OF LARGO CONDOMINIUM ASSOCIATION, INC</b>   |   |   |   |                                    |   |
| Principal Place of Business<br><b>14130 ROSEMARY LANE<br/>CLUBHOUSE OFFICE<br/>LARGO, FL 33774-2902 US</b>  |   |   |   | Mailing Address<br><b>14130 ROSEMARY LANE<br/>CLUBHOUSE OFFICE<br/>LARGO, FL 33774-2902 US</b>                      |   |
| 2. Principal Place of Business  |   | 3. Mailing Address  |   |   |   |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |   |   |   |
| City & State  |   | City & State  |   |   |   |
| Zip   | Country   | Zip   | Country   |   |   |
| 6. Name and Address of Current Registered Agent   |   |   |   | 7. Name and Address of New Registered Agent   |   |
| BROWN, JUDITH A<br>9925 ULMERTON RD #14<br>LARGO, FL 33771  |   |   |   | Name<br>_____<br>Street Address (P.O. Box Number is Not Acceptable)<br>_____<br>_____<br>City<br><b>FL</b> Zip Code |   |
| 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. I am familiar with, and accept the obligations of registered agent.   |   |   |   |   |   |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |   |   |   |   |
| <b>Filing Fee is \$61.25<br/>Due by September 8, 2004</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be<br/>Added to Fees</b>  |   |
| <b>Make check payable to<br/>Florida Department of State</b>  |   |   |   |   |   |
| 10. OFFICERS AND DIRECTORS  |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>HAMLETT, LIONEL E.<br>14130 ROSEMARY LANE #4215<br>LARGO, FL 33774 | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Treasurer<br>George F. Bossa Jr.<br>10610 Park Place Dr. Seminole, FL 33778     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP<br>MURPHY, ROLAND<br>14130 ROSEMARY LANE #6218<br>LARGO, FL 33774    | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Director<br>Dr. Sheila Deck Spires<br>14130 Rosemary Lane #3301 Largo, FL 33774 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>WASSON, HERBERT<br>14130 ROSEMARY LANE #1106<br>LARGO, FL 33774    | <input checked="" type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Director<br>Richard Spires<br>14130 Rosemary Lane #1109 Largo, FL 33774         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>MILLER, KEITH<br>14130 ROSEMARY LANE #4216<br>LARGO, FL 33774      | <input checked="" type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Director<br>John H. McCraney<br>14130 Rosemary Lane #2103 Largo, FL 33774       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>GERSH, TED<br>14130 ROSEMARY LANE #2105<br>LARGO, FL 33774         | <input checked="" type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Secretary<br>Lynda Hamlett<br>14130 Rosemary Lane #4215 Largo, FL 33774         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |
| 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. |   |   |   |   |   |
| <b>SIGNATURE:</b> <u>Lionel E. Hamlett</u> <b>Lionel E. Hamlett</b> 5/07/04 (727) 595-7385<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |   |   |   |   |