

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 # 727696 (7)
1. Corporation Name
PORT LARGO RESIDENTIAL PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
BOX 979 BOX 979
KEY LARGO FL 33037 KEY LARGO FL 33037
US US

3. Date Incorporated or Qualified 10/09/1973 3a. Date of Last Report 04/10/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	23-7363383	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	<input type="checkbox"/>
Zip	Zip	Country	Country
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

GUERNICA, CRISTINA
264 ST. THOMAS AVENUE
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	SD
NAME	WEEKS, MARLEN	1.2 NAME	Sue Cunningham
STREET ADDRESS	20 ATLANTIC BLVD.	1.3 STREET ADDRESS	475 BAHIA AV.
CITY-ST-ZIP	KEY LARGO FL	1.4 CITY-ST-ZIP	KEY LARGO, FL. 33037
TITLE	PD	2.1 TITLE	PD
NAME	HODGDON, HYATT	2.2 NAME	ANN NICKERSON
STREET ADDRESS	467 BAHIA AVE	2.3 STREET ADDRESS	138 MARINA AV.
CITY-ST-ZIP	KEY LARGO, FL 00000	2.4 CITY-ST-ZIP	KEY LARGO, FL. 33037
TITLE	TD	3.1 TITLE	
NAME	GUERNICA, CHRISTINA	3.2 NAME	
STREET ADDRESS	264 ST. THOMAS AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO, FL 00000	3.4 CITY-ST-ZIP	
TITLE	VPD	4.1 TITLE	
NAME	NELSON, MURRAY	4.2 NAME	
STREET ADDRESS	374 BAHIA AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)