

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90021 024 ****61.25

DOCUMENT # 727696

1. Entity Name

**PORT LARGO RESIDENTIAL PROPERTY OWNERS
ASSOCIATION, INC.**



Principal Place of Business

BOX 979
KEY LARGO FL 33037
US

Mailing Address

BOX 979
KEY LARGO FL 33037
US

34018827



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7363383

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SIMMONS, FRANCES
183 BAHAMA AVE.
KEY LARGO FL 33837**

Name

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

City

FL

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

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
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PATTON, GLENN	
STREET ADDRESS	176 BAHAMA AVE	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	NICKERSON, ANN	
STREET ADDRESS	138 MARINA AVE	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	SD	<input type="checkbox"/> Delete
NAME	NELSON, MARY	
STREET ADDRESS	374 BAHIA AV	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SIMMONS, FRANCES	
STREET ADDRESS	183 BAHAMA AV	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTON, GLENN	
STREET ADDRESS	176 BAHAMA AVE	
CITY-ST-ZIP	KEY LARGO, FL 33037	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICKERSON, ANN	
STREET ADDRESS	138 MARINA AVE	
CITY-ST-ZIP	KEY LARGO, FL 33037	
TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, MARY	
STREET ADDRESS	374 BAHIA AVE	
CITY-ST-ZIP	KEY LARGO, FL 33037	
TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, FRANCES	
STREET ADDRESS	183 BAHAMA AVE	
CITY-ST-ZIP	KEY LARGO, FL 33037	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: *Frances Simmons* **FRANCES SIMMONS** 3-9-04 (305) 451-1790

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #