

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90323 047 ****70.00

DOCUMENT # 727696

1. Entity Name

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



Principal Place of Business

BOX 979
KEY LARGO FL 33037-0979
US

Mailing Address

BOX 979
KEY LARGO FL 33037-0979
US

2. Principal Place of Business

P.O. Box 979

3. Mailing Address

PO BOX 979

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KEY LARGO, FL

City & State

KEY LARGO, FL

Zip

33037-0979

Country

US

Zip

33037-0979

Country

US

4. FEI Number

23-7363383

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **MARY D. NELSON**

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

374 BAHIA AVE

City **KEY LARGO**

FL

Zip Code **33037-4338**

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 **Mary D. Nelson, Treasurer**

4-21-05

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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 **P** ☐ Delete
NAME **PATTON, GLENN**
STREET ADDRESS **176 BAHAMA AVE**
CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE **V** ☐ Delete
NAME **NICKERSON, ANN**
STREET ADDRESS **138 MARINA AVE**
CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE **S** ☒ Delete
NAME **NELSON, MARY**
STREET ADDRESS **374 BAHIA AVE**
CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE **T** ☒ Delete
NAME **SIMMONS, FRANCES**
STREET ADDRESS **183 BAHAMA AVE**
CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE **SECRETARY** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TREASURER** ☒ Change ☐ Addition
NAME **MARY D. NELSON**
STREET ADDRESS **374 BAHIA AVE**
CITY-ST-ZIP **KEY LARGO, FL 33037-4338**

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

TITLE ☐ Change ☐ 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: **MARY D. NELSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-05 305-360-1947