

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995. AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

1995 JUL 20 AM 10:18

TALLAHASSEE, FLORIDA

DOCUMENT # 768619 (9)

1. Corporation Name

LABELLE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

12900 VONN RD.
LARGO FL 34644

~~12900 VONN RD.
LARGO FL 34644~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/25/1983 3a. Date of Last Report 04/26/1994

4. FEI Number 59-2343002 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status FILING FEE IS \$61.25

8. This corporation has liability for intangible tax under a Florida Statute Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 ZIP

25 County

29 ZIP

30 County

34641

PIELLAS

26 c/o PAREKH, DENNARD + Co.

27 2700 EAST BAY DR #107

28 LARGO, FL

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~COLE, PATT
12900 VONN ROAD
LARGO FL 34644~~

81 Name HOMER THOMPSON
82 Street Address (P.O. Box Number is Not Acceptable) 12819 126th TERRACE N.
83
84 City LARGO FL 85 Zip Code 34644

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

Homer Thompson

(NOTE: Register)

DATE

4-26-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	COLE, PATT
STREET ADDRESS	12900 VONN RD. A-201
CITY, ST, ZIP	LARGO FL
TITLE	VD
NAME	THOMPSON, HOMER
STREET ADDRESS	12900 VONN RD. A-101
CITY, ST, ZIP	LARGO FL
TITLE	STD
NAME	RUSSELL, HELEN
STREET ADDRESS	12900 VONN RD. A-108
CITY, ST, ZIP	LARGO FL
TITLE	D
NAME	MILLER, ROGER
STREET ADDRESS	12900 VONN ROAD G-104
CITY, ST, ZIP	LARGO FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	THOMPSON, HOMER	
13 STREET ADDRESS	12819 126th TERRACE N.	
14 CITY, ST, ZIP	LARGO, FL 34644	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE		
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	KEIRNAN, NEIL	
63 STREET ADDRESS	12900 VONN RD # G-201	
64 CITY, ST, ZIP	LARGO, FL 34644	

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 110.07(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

Homer Thompson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Business Phone #

CR2E037 (3/95)