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Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 768619 (9)

1. Corporation Name

LABELLE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

12900 VONN RD.
LARGO FL 34644

new zip
↓

C/O PAREKH. COMMONS & CO.
2700 EAST BAY DRIVE. #107
LARGO FL 33771-2459
US

3. Date Incorporated or Qualified
05/25/1983

3a. Date of Last Report
01/31/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

33774

Country

28 Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMPSON, HOMER
12819 126TH TERRACE NORTH
LARGO FL 34644

CHANGE ADDRESS
↓
12900 VONN RD #A101
LARGO, FL 33774

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	PD	<input type="checkbox"/> DELETE
NAME	THOMPSON, HOMER	
STREET ADDRESS	12819 126TH TERRACE NORTH	
CITY-ST-ZIP	LARGO FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	RUSSELL, HELEN	
STREET ADDRESS	12900 VONN RD. A-106	
CITY-ST-ZIP	LARGO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, ROGER	
STREET ADDRESS	12900 VONN ROAD C-104	
CITY-ST-ZIP	LARGO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KEIRNAN, NEIL	
STREET ADDRESS	12900 VONN ROAD #G-201	
CITY-ST-ZIP	LARGO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	12900 VONN RD #A101
1.4 CITY-ST-ZIP	33774
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VP/D COLE, SHANNON
5.3 STREET ADDRESS	12900 VONN RD #A201
5.4 CITY-ST-ZIP	LARGO, FL 33774
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	T/D JASPER, SIMON
6.3 STREET ADDRESS	12900 VONN RD #A202
6.4 CITY-ST-ZIP	LARGO, FL 33774

14. I do 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 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

[Signature]

1/15/97

531-0424

Date

Daytime Phone # 0051624

CR2E037 (9/96)