

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90286 010 \*\*\*\*61.25

UMH115

**DOCUMENT # 768619**

1. Entity Name

**LABELLE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

12900 VONN RD.  
 LARGO FL 33774  
 US

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2343002**

Applied For

Not Applicable

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

**CHEK, CAROL**  
 12900 VONN RD #A103  
 LARGO FL 33774

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*9-22-02*

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ARMSTRONG, PATRICIA	
STREET ADDRESS	12900 VONN RD. # A106	
CITY-ST-ZIP	LARGO FL 33774	
TITLE	P	<input type="checkbox"/> Delete
NAME	CHEK, CAROL	
STREET ADDRESS	12900 VONN RD #A 103	
CITY-ST-ZIP	LARGO FL 33774	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	SIEGERS, RHONDA	
STREET ADDRESS	12900 VONN RD. #A104	
CITY-ST-ZIP	LARGO FL 33774	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KEIRNAN, NEIL	
STREET ADDRESS	12900 VONN RD. # G 201	
CITY-ST-ZIP	LARGO FL 33774	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HAZLETT, ELLEN	
STREET ADDRESS	12900 VONN RD #B101	
CITY-ST-ZIP	LARGO FL 33774	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SIEGERS, RHONDA	
STREET ADDRESS	12900 VONN ROAD #A104	
CITY-ST-ZIP	LARGO FL 33774	

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gross, Carl	
STREET ADDRESS	12900 Vonn Road #D103	
CITY-ST-ZIP	Largo, FL 33774	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Schowinsky, Richard	
STREET ADDRESS	12900 Vonn Road #B101	
CITY-ST-ZIP	Largo, FL 33774	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thompson, Homer	
STREET ADDRESS	12900 Vonn Road #A101	
CITY-ST-ZIP	Largo, FL 33774	
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		

CR2E037 (9/01)

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 titles empowered.

SIGNATURE:

*Carl Gross*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*9-22-02* 727-580-9128

Date

Daytime Phone #