
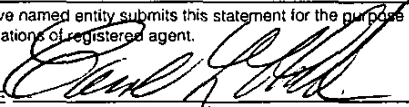
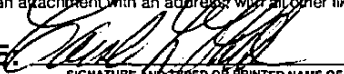


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

03-03-2005 90182 005 \*\*\*\*61.25

DOCUMENT # 768619					
1. Entity Name LABELLE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 12900 VONN RD. LARGO, FL 33774 US		Mailing Address 300 S DUNCAN AVE STE 220B CLEARWATER, FL 33755 US		50022396	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02162005 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 59-2343002	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 				DATE 3-1-05	
Filing Fee is \$61.25 Due by May 1, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSS, CARL		NAME	Gross, Carl	
STREET ADDRESS	12900 VONN RD D 103		STREET ADDRESS	12900 Vonn Road # D103	
CITY-ST-ZIP	LARGO, FL 33774		CITY-ST-ZIP	Largo, FL 33774	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHEK, CAROL		NAME		
STREET ADDRESS	12900 VONN RD #A 103		STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 33774		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHOWINSKI, RICHARD		NAME	Fetherston, Frank	
STREET ADDRESS	12900 VONN ROAD #B101		STREET ADDRESS	12900 Vonn Road # D 204	
CITY-ST-ZIP	LARGO, FL 33774		CITY-ST-ZIP	Largo, FL 33774	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, BONNIE		NAME	Martin, Bonnie	
STREET ADDRESS	12900 VONN RD., #104		STREET ADDRESS	12900 Vonn Rd # C 104	
CITY-ST-ZIP	LARGO, FL 33774		CITY-ST-ZIP	Largo, FL 33774	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMPSON, HOMER		NAME	Malachias, Peno	
STREET ADDRESS	12900 VONN RD A 101		STREET ADDRESS	12900 Vonn Road # D104	
CITY-ST-ZIP	LARGO, FL 33774		CITY-ST-ZIP	Largo, FL 33774	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 an other like empowered.					
SIGNATURE 				Date 3-1-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CAROL L. CHEK PRESIDENT				Daytime Phone #	