

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768619

FILED  
Jan 30, 2009  
Secretary of State

Entity Name: LABELLE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

12900 VONN RD.  
LARGO, FL 33774 US

**New Principal Place of Business:**

**Current Mailing Address:**

300 S DUNCAN AVE  
STE 220B  
CLEARWATER, FL 33755 US

**New Mailing Address:**

901 N HERCULES AVENUE  
SUITE A  
CLEARWATER, FL 33765 US

FEI Number: 59-2343002

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHERE, CAROL L  
12900 VONN RD-A103  
LARGO, FL 33774 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GROSS, CARL  
Address: 12990 VONN ROAD #D103  
City-St-Zip: LARGO, FL 33774

Title: S ( ) Delete  
Name: SIEGERS, RHONDA  
Address: 12900 VONN RD A104  
City-St-Zip: LARGO, FL 33774

Title: D (X) Delete  
Name: THOMPSON, HOMER  
Address: 12900 VONN RD. #A101  
City-St-Zip: LARGO, FL 33774

Title: T ( ) Delete  
Name: GABLE, CATHY  
Address: 12900 VONN RD #C201  
City-St-Zip: LARGO, FL 33774

Title: VP ( ) Delete  
Name: CHEK, CAROL  
Address: 12900 VONN RD #A103  
City-St-Zip: LARGO, FL 33774

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: GABLE, CATHY  
Address: P.O. BOX 1313  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD C. COMMONS

CPA

01/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date