

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005667

FILED
Apr 26, 2006
Secretary of State

Entity Name: LARKENHEATH HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

509 GUI SANDO DE AVILLA, SUITE 100
TAMPA, FL 336135233

New Principal Place of Business:

3434 COLWELL AVE
#200
TAMPA, FL 33614

Current Mailing Address:

509 GUI SANDO DE AVILLA, SUITE 100
TAMPA, FL 336135233

New Mailing Address:

3434 COLWELL AVE
#200
TAMPA, FL 33614

FEI Number: 20-3018491

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRALEY, MARK K
100 E. MADISON ST., SUITE 300
TAMPA, FL 336025311 US

Name and Address of New Registered Agent:

RIZZETTA & COMPANY
3434 COLWELL AVE
TAMPA, FL 33614 US

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: WILLIAM RIZZETTA

04/26/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SIFFORD, MARK A
Address: 509 GUI SANDO DE AVILLA, SUITE 100
City-St-Zip: TAMPA, FL 336135233

Title: D () Delete
Name: GARTENMAYER, TERI
Address: 509 GUI SANDO DE AVILLA, SUITE 100
City-St-Zip: TAMPA, FL 336135233

Title: D () Delete
Name: TOBORG, JOHN R
Address: 509 GUI SANDO DE AVILLA, SUITE 100
City-St-Zip: TAMPA, FL 336135233

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK SIFFORD

D

04/26/2006

Electronic Signature of Signing Officer or Director

Date