FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(8)

LARGO LAKES PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business		Mailing Address			01811 81811 01911 01911 31911 1891
777 S. HARBOUR ISLAND BLVD SUITE 877 TAMPA FL 33602		777 S. HARBOUR ISLAND BLVD SUITE 877 TAMPA FL 33602		3. Date Incorporated or Qualified 10/30/1989 4. FEI Number	Applied For
2 Principal P	ace of Business	2a. Mailing Address		59-3089711	Not Applicable
		26		5. Certificate of Status Desired	\$8.75 Additional Fee Required
		Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
22		27		Trust Fund Contribution	Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeown	
23		28		☐ Yes	
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	
24	9. Name and Address of Current		30	Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes No
	g, maile and Addies of Cultur	Trogistated Agent	81 Name	10, Italia dia Managa di Itali nagistala	a Ageit
HARROD, GARY W					
777 S. HARBOUR ISLAND BLVD., SUITE 877 TAMPA FL 83602			62 Street Add	ress (P.O. Box Number is Not Acceptable)	
			83		
			84 City		85 Zip Code
			""	F	
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 ager		Registered Agent signature requi		US 615557000 11 45
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AF	Change Addition
NAME	PD Harrod, gary w		1.2 NAME		Li Cistings Lii Audition
STREET ADDRESS					
CITY-ST-ZIP	TAMPA FL 33602	D. SOIL OIT	1.3 STREET ADDRESS 1.4 City-St-Zip		
TITLE	TD	DELETE	2.1 TITLE		Change Addition
NAME	BLAUVELT, THEODORE O	_	2.2 NAME		
STREET ADDRESS	777 S. HARBOUR ISLAND BLY	D. SUITE 877	2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33602		2.4 CITY-ST-ZIP		ĺ
TITLE	\$D	☐ DELETE	3.1 TITLE		Change Addition
NAME	BENNETT, PATTI A		3.2 NAME		
STREET ADDRESS	777 S. HARBOUR ISLAND BLY	/D., Suite 877	3.3 STREET ADDRESS		
City-St-ZIP	TAMPA FL 33602		3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP		Change Addition
TITLE		☐ Netrest	5.1 TITLE		Fi cuanto Fi vocinon
NAME PERFET ADDRESS			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		}
CITY-ST-ZIP TITLE		☐ DELETE	5.4 City-St-Zip 6.1 title		Change Addition
NAME		DELCT	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
\$111001 10011100			J. J TIDDITEDO		

14. 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 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 attackment with an address.

SIGNATURE:

4-30-98

813-229-1800

FILED

May 19 1998 8:00am

Secretary of State