# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 28, 2004 08:00 AM**
**Secretary of State**

DOCUMENT # N34993

1. Entity Name
LARGO LAKES PROPERTY OWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 777 S. HARBOUR ISLAND BLVD., SUITE 877<br>TAMPA, FL 33602 | 777 S. HARBOUR ISLAND BLVD., SUITE 877<br>TAMPA, FL 33602 |

**DO NOT WRITE IN THIS SPACE**

04132004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3089711
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HARROD, GARY W
777 S. HARBOUR ISLAND BLVD., SUITE 877
TAMPA, FL 33602

**DO NOT WRITE IN THIS SPACE**

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000136209
04/28/04-80084-023 61.25

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PD |
| NAME | HARROD, GARY W |
| STREET ADDRESS | 777 S. HARBOUR ISLAND BLVD., SUITE 877 |
| CITY-ST-ZIP | TAMPA, FL 33602 |
| TITLE | SD |
| NAME | BENNETT, PATTI A |
| STREET ADDRESS | 777 S. HARBOUR ISLAND BLVD., SUITE 877 |
| CITY-ST-ZIP | TAMPA, FL 33602 |
| TITLE | D |
| NAME | WEBSTER, ROBERT C II |
| STREET ADDRESS | 777 S. HARBOUR ISLAND BLVD., SUITE 877 |
| CITY-ST-ZIP | TAMPA, FL 33602 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

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 like empowered.

**SIGNATURE:** _____ 4-26-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #