


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 726816</b> 1. Entity Name <b>LIBRARY LAKE CONDOMINIUM APARTMENTS ASSOCIATION, INC.</b>					
Principal Place of Business <b>1200 37TH STREET NORTH ST PETERSBURG FL 33713-6055</b>			Mailing Address <b>1200 37TH STREET NORTH ST PETERSBURG FL 33713-6055</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>HARRIS, SHIRLEY E 1200 37TH STREET NORTH APT. #208 ST PETERSBURG FL 33713-6056</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 agree to the obligations of registered agent.					
SIGNATURE _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small> <div style="float: right;">DATE _____</div>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	VANCE, CHARLES L		NAME		
STREET ADDRESS	1200 37TH STREET NORTH, #108		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33713-6055		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	FLORES, ELLIS		NAME		
STREET ADDRESS	1200 37TH STREET NORTH, #409		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33713-6055		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	DARNELL, DARLENE		NAME		
STREET ADDRESS	1200 37TH STREET NORTH, #202		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33713-6055		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	HARRIS, SHIRLEY E		NAME		
STREET ADDRESS	1200 37TH STREET NORTH, #208		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33713-6055		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	VANCE, ALICE MAE		NAME		
STREET ADDRESS	1200 37TH STREET NORTH, #108		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33713-6055		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



1st MOORE CR2E037 (10/05)

4. FEI Number **59-1696576** Applied For ☐ Not Applied ☐

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

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	VANCE, CHARLES L	
STREET ADDRESS	1200 37TH STREET NORTH, #108	
CITY-ST-ZIP	ST PETERSBURG FL 33713-6055	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FLORES, ELLIS	
STREET ADDRESS	1200 37TH STREET NORTH, #409	
CITY-ST-ZIP	ST PETERSBURG FL 33713-6055	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DARNELL, DARLENE	
STREET ADDRESS	1200 37TH STREET NORTH, #202	
CITY-ST-ZIP	ST PETERSBURG FL 33713-6055	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HARRIS, SHIRLEY E	
STREET ADDRESS	1200 37TH STREET NORTH, #208	
CITY-ST-ZIP	ST PETERSBURG FL 33713-6055	
TITLE	D	<input type="checkbox"/> Delete
NAME	VANCE, ALICE MAE	
STREET ADDRESS	1200 37TH STREET NORTH, #108	
CITY-ST-ZIP	ST PETERSBURG FL 33713-6055	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

*Shirley E Harris*

SHIRLEY E. HARRIS

4/12/06 337 333 5378