

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90046 002 \*\*\*\*70.00

**DOCUMENT # 726816**

1. Entity Name

**LIBRARY LAKE CONDOMINIUM APARTMENTS  
ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**1200 37TH STREET NORTH  
ST PETERSBURG FL 33713-6055**

**1200 37TH STREET NORTH  
ST PETERSBURG FL 33713-6055**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

**59-1696576**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARRIS, SHIRLEY E  
1200 37TH STREET NORTH  
APT. #208  
ST PETERSBURG FL 33713-6056**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW: FEES \$61.25  
Due By May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLORES, ELLIS 1200 37TH STREET NORTH #409 ST. PETERSBURG, FL 33713-6055	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GABRIEL CEREZCO 1200 37TH STREET NORTH #408 ST. PETERSBURG, FL 33713-6055	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VINCE SIX 1634 50th AVENUE NORTH ST. PETERSBURG, FL 33714	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

4/19/07 (727) 323-5378

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #