


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # 727696 1. Entity Name PORT LARGO RESIDENTIAL PROPERTY OWNERS ASSOCIATION, INC.	
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Principal Place of Business 148 BAHAMA AVENUE KEY LARGO, FL 33037 US	Mailing Address PO BOX 979 KEY LARGO, FL 33037-0979 US
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 23-7363383	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HARRIGAN, BILL 148 BAHAMA AVENUE KEY LARGO, FL 33037	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HARRIGAN, BILL 148 BAHAMA AVE KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, TERRY 76 MARINA AVENUE KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HILLS, NETTA PO BOX 979 KEY LARGO, FL 330370979
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01/17/08-80006-004 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Netta Hills Treasurer 1/14/08 305-453-4232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #