

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 738009

(0)

1. Corporation Name

LARGO SOUND VILLAGE, INCORPORATED

Principal Place of Business

PO BOX 2017
KEY LARGO FL 33037

Mailing Address

P.O. BOX 2017
KEY LARGO FL 33037
US



3. Date Incorporated or Qualified

02/07/1977

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1725805

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PLANER, TIMOTHY
444 AVE A
KEY LARGO FL 33037

81 Name

Sharon Macut

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

144 First Road

83

Key Largo

84 City

FL

85

33037

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 agent and title if applicable

Sharon Macut

President

3-12-96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PLANER, TIMOTHY
STREET ADDRESS 444 AVE A
CITY-ST-ZIP KEY LARGO FL

TITLE ☒ DELETE

NAME BAYS, ALICE
STREET ADDRESS 633 ISLAND DR
CITY-ST-ZIP KEY LARGO FL

TITLE ☒ DELETE

NAME FOLSE, LAUREL
STREET ADDRESS 320 AVE B
CITY-ST-ZIP KEY LARGO FL

TITLE ☒ DELETE

NAME HARDEE, KIMBERLY
STREET ADDRESS 321 SECOND TERRACE
CITY-ST-ZIP KEY LARGO FL

TITLE ☒ DELETE

NAME KRUG, DAVID
STREET ADDRESS 411 3RD ST
CITY-ST-ZIP KEY LARGO FL

TITLE ☒ DELETE

NAME DURFEE, JONATHAN
STREET ADDRESS 440 4TH RD
CITY-ST-ZIP KEY LARGO FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

P

Macut Sharon

144 First Road

Key Largo Fl 33037

V

Planer Timothy

444 Avenue A

Key Largo Fl 33037

S

McGinnis Donna

405 Third Street

Key Largo Fl 33037

T

Padan Robert

104 First Street

Key Largo Fl 33037

D

Minton Dennis D

227 Second Road

Key Largo Fl 33037

D

Cullin Robert A

605 Island Drive

Key Largo Fl 33037

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 attachment with an address.

SIGNATURE:

Sharon Macut

Sharon Macut

3/12/96

305-457-3422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)