

3-14-97 B 3107 C
FILE NOW: FILING FEE IS \$61.25

FILED
Mar 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **738009** (0)

1. Corporation Name

LARGO SOUND VILLAGE, INCORPORATED

Principal Place of Business

Mailing Address

PO BOX 2017
KEY LARGO FL 33037

P.O. BOX 2017
KEY LARGO FL 33037-7017
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/07/1977		3a. Date of Last Report 03/18/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-1725805		Applied For <input type="checkbox"/> Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MACUT, SHARON
114 FIRST ROAD
KEY LARGO FL 33037

81. Name **DONNA MCGINNIS**
82. Street Address (P.O. Box Number is Not Acceptable)
405 3RD STREET
83. **KEY LARGO**
84. City **FL** 85. Zip Code **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

Donna McGinnis

2/17/97

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PLANER, TIMOTHY			1.2 NAME	DAVE KRUG		
STREET ADDRESS	444 AVE A			1.3 STREET ADDRESS	411 3RD ST		
CITY-ST-ZIP	KEY LARGO FL			1.4 CITY-ST-ZIP	KEY LARGO FL 33037		
TITLE	V	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PLANER, TIMOTHY			2.2 NAME	LOUISE LAGLEY		
STREET ADDRESS	444 AVENUE A			2.3 STREET ADDRESS	48A 4TH RD		
CITY-ST-ZIP	KEY LARGO FL			2.4 CITY-ST-ZIP	KEY LARGO FL 33037		
TITLE	S	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MCGINNIS, DONNA			3.2 NAME	MARY ANN WARREN		
STREET ADDRESS	405 THIRD STREET			3.3 STREET ADDRESS	308 2ND TERR		
CITY-ST-ZIP	KEY LARGO FL			3.4 CITY-ST-ZIP	KEY LARGO FL 33037		
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PADAN, ROBERT			4.2 NAME	MCGINNIS, DONNA		
STREET ADDRESS	104 FIRST STREET			4.3 STREET ADDRESS	405 Third Street		
CITY-ST-ZIP	KEY LARGO FL			4.4 CITY-ST-ZIP	Key Largo Florida 33037		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MINTON, DENNIS D.			5.2 NAME	Minton, Dennis D.		
STREET ADDRESS	227 SECOND ROAD			5.3 STREET ADDRESS	227 Second Rd		
CITY-ST-ZIP	KEY LARGO FL			5.4 CITY-ST-ZIP	Key Largo Florida 33037		
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CULLIN, ROBERT A.			6.2 NAME	Cullin Robert A.		
STREET ADDRESS	605 ISLAND DRIVE			6.3 STREET ADDRESS	PO Box 1865 (605 Island Drive)		
CITY-ST-ZIP	KEY LARGO FL			6.4 CITY-ST-ZIP	Key Largo FL 33037		

14. I do 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 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: *Donna McGinnis* DONNA MCGINNIS 2/17/97 305-374-1448

CR2E037 (9/96)