


FILE NOW: FILING FEE IS \$61.25

FILED

May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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	
4. FEI Number 59-1725805	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MCGINNIS, DONNA 405 3RD STREET KEY LARGO FL 33037		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRUG, DAVE	1.2 NAME	
STREET ADDRESS	411 3RD ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACEY, LOUISE	2.2 NAME	Louise Lacey
STREET ADDRESS	424 4TH RD	2.3 STREET ADDRESS	424 4th Rd
CITY-ST-ZIP	KEY LARGO FL	2.4 CITY-ST-ZIP	Key Largo, FL 33037
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARREN, MARY ANN	3.2 NAME	Maryann Warren
STREET ADDRESS	308 2ND TERR	3.3 STREET ADDRESS	308 2nd Terrace
CITY-ST-ZIP	KEY LARGO FL	3.4 CITY-ST-ZIP	Key Largo, FL 33037
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCGINNIS, DONNA	4.2 NAME	Donna McGinnis
STREET ADDRESS	405 THIRD STREET	4.3 STREET ADDRESS	405 Third Street
CITY-ST-ZIP	KEY LARGO FL	4.4 CITY-ST-ZIP	Key Largo, FL 33037
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MINTON, DENNIS D.	5.2 NAME	Linda Signorelli
STREET ADDRESS	227 SECOND ROAD	5.3 STREET ADDRESS	100 1st Terrace
CITY-ST-ZIP	KEY LARGO FL	5.4 CITY-ST-ZIP	Key Largo, FL 33037
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CULLIN, ROBERT A.	6.2 NAME	Julie Aylor
STREET ADDRESS	P.O BOX 1865, 605 ISLAND DRIVE	6.3 STREET ADDRESS	312 2nd Terrace
CITY-ST-ZIP	KEY LARGO FL	6.4 CITY-ST-ZIP	Key Largo, FL 33037

14. I 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: *[Signature]* **TRAY 4/27/98 305-453-4879**

CR2E037 (10/97)