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Secretary of State

04-27-1999 90029 033 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 738009

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* 5 6 9 7 6 6 *
569766 - 90016 - 20

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	02/07/1977
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-1725805
24 Country	29 Country	5. Certificate of Status Desired <input type="checkbox"/>
		\$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

MCGINNIS, DONNA
405 3RD STREET
KEY LARGO FL 33037

10. Name and Address of New Registered Agent

81 Name	Maryann Warren
82 Street Address (P.O. Box Number is Not Acceptable)	308 2nd Terrace
83 City	Key Largo FL 33037
84 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, 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 date of appointment

(NOT E) Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	KRUG, DAVE	1.2 NAME	Jan Wright
STREET ADDRESS	411 3RD ST	1.3 STREET ADDRESS	321 Second Terrace
CITY-ST-ZIP	KEY LARGO FL	1.4 CITY-ST-ZIP	Key Largo, FL 33037
TITLE	S	2.1 TITLE	V. President
NAME	LACEY, LOUISE	2.2 NAME	Lacey, Louise
STREET ADDRESS	424 4TH RD	2.3 STREET ADDRESS	424 4th Rd
CITY-ST-ZIP	KEY LARGO FL 33037	2.4 CITY-ST-ZIP	Key Largo, FL 33037
TITLE	T	3.1 TITLE	President
NAME	WARREN, MARY ANN	3.2 NAME	Warren, Mary
STREET ADDRESS	308 2ND TERR	3.3 STREET ADDRESS	308 2nd Terr
CITY-ST-ZIP	KEY LARGO FL 33037	3.4 CITY-ST-ZIP	Key Largo, FL 33037
TITLE	P	4.1 TITLE	
NAME	MCGINNIS, DONNA	4.2 NAME	
STREET ADDRESS	405 THIRD STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	Treasurer
NAME	SIGNORELLI, LINDA	5.2 NAME	Signorelli, Linda
STREET ADDRESS	100 1ST TERR	5.3 STREET ADDRESS	115 1st Terrace
CITY-ST-ZIP	KEY LARGO FL 33037	5.4 CITY-ST-ZIP	Key Largo, FL 33037
TITLE	D	6.1 TITLE	
NAME	AYLAR, JULIE	6.2 NAME	
STREET ADDRESS	312 2ND TERR	6.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL 33037	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda Signorelli

3/29/99 453-0973

Date

Daytime Phone #

CR2E037 (11/98)