

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738009

FILED
Jan 24, 2007
Secretary of State

Entity Name: LARGO SOUND VILLAGE, INCORPORATED

Current Principal Place of Business:

PO BOX 2017
KEY LARGO, FL 33037

New Principal Place of Business:

0 3RD STREET
KEY LARGO, FL 33037

Current Mailing Address:

P.O. BOX 2017
KEY LARGO, FL 33037 US

New Mailing Address:

FEI Number: 59-1725805 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DEBRULE, JOHNNY
411 3 STREET
KEY LARGO, FL 33037 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: MACKS, BONNIE
Address: 314 2ND TERRACE
City-St-Zip: KEY LARGO, FL 33037

Title: VP () Delete
Name: BAKER, DEBBIE
Address: 626 ISLAND DRIVE
City-St-Zip: KEY LARGO, FL 33037

Title: P () Delete
Name: DEBRULE, JOHNNY
Address: 411 3RD STREET
City-St-Zip: KEY LARGO, FL 33037

Title: T () Delete
Name: WARREN, MARYANN
Address: 308 2ND TERRACE
City-St-Zip: KEY LARGO, FL 33037

Title: D () Delete
Name: WHEATON, DELLA
Address: 504 SOUND DRIVE
City-St-Zip: KEY LARGO, FL 33037

Title: D () Delete
Name: GRAF, PATTI
Address: 403 3RD STREET
City-St-Zip: KEY LARGO, FL 33037

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARYANN WARREN

T

01/24/2007

Electronic Signature of Signing Officer or Director

Date