

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90049 022 ****61.25

DOCUMENT # 738009

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1725805**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SECRETARY** ☐ Delete
NAME **MACKS, BONNIE**
STREET ADDRESS **314 2ND TERRACE**
CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **JOHNNY DEBRULE**
STREET ADDRESS **411 3RD STREET**
CITY-ST-ZIP **KEY LARGO, FL 33037**

TITLE **VP** ☐ Delete
NAME **PACHO, DONNA PACHO**
STREET ADDRESS **P.O. BOX 753**
CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE **D** ☐ Change ☒ Addition
NAME **CRAIG CROSS**
STREET ADDRESS **108 1ST STREET**
CITY-ST-ZIP **KEY LARGO, FL 33037**

TITLE **S** ☒ Delete
NAME **SPAULDING, BROOKE**
STREET ADDRESS **506 SOUND DRIVE**
CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE **D** ☐ Change ☒ Addition
NAME **MARYANN WARREN**
STREET ADDRESS **308 2ND TERRACE**
CITY-ST-ZIP **KEY LARGO, FL 33037**

TITLE **T** ☐ Delete
NAME **REYNOLDS, BRIAN**
STREET ADDRESS **223 AVENUE B**
CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE **D** ☐ Change ☒ Addition
NAME **JOHN HAWK**
STREET ADDRESS **223 2ND ROAD**
CITY-ST-ZIP **KEY LARGO, FL 33037**

TITLE **D** ☐ Delete
NAME **WHEATON, DELLA**
STREET ADDRESS **504 SOUND DRIVE**
CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **GRAF, PATRICK PATRICIA**
STREET ADDRESS **403 3RD STREET**
CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] **REYNOLDS**

1-15-03

(305) 451-4300

CR2E037 (10/02)