

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90125 029 \*\*\*\*61.25

**DOCUMENT # 744957**

1. Entity Name  
**LAKEVIEW OF LARGO SOUTH CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
**14255 ROSEMARY LN.  
BOX 8400  
LARGO, FL 33774 US**

Mailing Address  
**14255 ROSEMARY LN.  
BOX 8400  
LARGO, FL 33774 US**



2. Principal Place of Business

3. Mailing Address

04062006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-1867508**

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

**SHADOW LAKES, TOM KAPPER P  
10825 SEMINOLE BLVD  
UNIT 1  
LARGO, FL 33778**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

TITLE **P** ☐ Delete  
NAME **BELTZ, GARY**  
STREET ADDRESS **11945 143RD ST N #7130**  
CITY-ST-ZIP **LARGO, FL 33774**

TITLE **D** ☒ Delete  
NAME **TANCHICK, KATHLEEN**  
STREET ADDRESS **14255 ROSEMARY LANE #8118**  
CITY-ST-ZIP **LARGO, FL 33774**

TITLE **V** ☒ Delete  
NAME **CONSIDINE, EDWARD**  
STREET ADDRESS **11945 1433RD ST N #7127**  
CITY-ST-ZIP **LARGO, FL 33774**

TITLE **D** ☒ Delete  
NAME **KINNEY, JAMES**  
STREET ADDRESS **11945 143RD STREET #7123**  
CITY-ST-ZIP **LARGO, FL 33774**

TITLE **DS** ☐ Delete  
NAME **DION, MARY ROSE**  
STREET ADDRESS **11945 143RD ST. N. #7124**  
CITY-ST-ZIP **LARGO, FL 33774**

TITLE **D** ☐ Delete  
NAME **BECK, ROBERT**  
STREET ADDRESS **11945 143RD ST N #7318**  
CITY-ST-ZIP **LARGO, FL 33774**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **DT** ☐ Change ☒ Addition  
NAME **Scott, Ronald**  
STREET ADDRESS **14255 Rosemary Lane #8108**  
CITY-ST-ZIP **LARGO, FL 33774**

TITLE **b** ☐ Change ☒ Addition  
NAME **Connors, Robert**  
STREET ADDRESS **11945 143RD ST. N. #7324**  
CITY-ST-ZIP **LARGO, FL 33774**

TITLE **D** ☐ Change ☒ Addition  
NAME **Schultz, William**  
STREET ADDRESS **11945 143RD ST. N. #7319**  
CITY-ST-ZIP **LARGO, FL 33774**

TITLE **VPD** ☐ Change ☒ Addition  
NAME **Feichtinger, FRANK**  
STREET ADDRESS **11945 143RD ST. N. #7212**  
CITY-ST-ZIP **LARGO, FL 33774**

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 exemptions contained 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 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:** *Mary Rose Dion Secretary-Director* 4-11-06 (727)595-8504  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #