

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State

04-06-2007 90025 007 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1867508	
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 Agents signature required when reconstituting)					
Filing Fee is \$81.25 Due by May 1, 2007		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	P	☒ Delete	TITLE	☒ Change ☐ Addition	
NAME	BELTZ, GARY		NAME	Gary Beltz	
STREET ADDRESS	11945 143RD ST N #7130		STREET ADDRESS	11945 143rd st.N #7129	
CITY-ST-ZIP	LARGO, FL 33774		CITY-ST-ZIP	Largo, Fl. 33774	
TITLE	DT	☐ Delete	TITLE	☐ Change ☒ Addition	
NAME	SCOTT, RONALD		NAME	Sharon Harper	
STREET ADDRESS	14255 ROSEMARY LANE 8108		STREET ADDRESS	11945 143rdSt.N #7130	
CITY-ST-ZIP	LARGO, FL 33774		CITY-ST-ZIP	Largo, FL 33774	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	CONNORS, ROBERT		NAME	Robert CONNORS	
STREET ADDRESS	11945 143RD ST N 7324		STREET ADDRESS	11945 143RD St.N #7324	
CITY-ST-ZIP	LARGO, FL 33774		CITY-ST-ZIP	Largo, Fl. 33774	
TITLE	D	☒ Delete	TITLE	☐ Change ☒ Addition	
NAME	SCHULTZ, WILLIAM		NAME	Claire-Spina Kelly	
STREET ADDRESS	11945 143RD ST N 7319		STREET ADDRESS	14255 Rosemary Lane #8304	
CITY-ST-ZIP	LARGO, FL 33774		CITY-ST-ZIP	Largo, Fl. 33774	
TITLE	DS	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	DION, MARY ROSE		NAME	MaryRose Dion	
STREET ADDRESS	11945 143RD ST. N. #7124		STREET ADDRESS	11945 143rdSt.N #7124	
CITY-ST-ZIP	LARGO, FL 33774		CITY-ST-ZIP	Largo, FL 33774	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BECK, ROBERT		NAME	Robert Beck	
STREET ADDRESS	11945 143RD ST N #7318		STREET ADDRESS	11945 143rd St.N. #7318	
CITY-ST-ZIP	LARGO, FL 33774		CITY-ST-ZIP	Largo FL 33774	
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: <i>Mary Rose Dion V.P.</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 5-14-07 Daytime Phone #: 727-595-8541		

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