


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 08, 2008 8:00 am**  
**Secretary of State**

04-08-2008 90014 044 \*\*\*\*61.25

<b>DOCUMENT # 744957</b>					
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 <b>2870 SCHERER DR. N</b>		01112008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>100</b>		5. FEI Number <b>59-1867508</b>	
City & State		City & State <b>ST. PETERSBURG FL</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>33716</b>	<b>USA</b>	<b>33716</b>	<b>USA</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELTZ, GARY			NAME	
STREET ADDRESS	11945 143RD ST. N #7329			STREET ADDRESS	
CITY-ST-ZIP	LARGO, FL 33774			CITY-ST-ZIP	
TITLE	DT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARPER, SHARON			NAME	
STREET ADDRESS	11945 143RD ST. N #7130			STREET ADDRESS	
CITY-ST-ZIP	LARGO, FL 33774			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNORS, ROBERT			NAME	
STREET ADDRESS	11945 143RD ST N 7324			STREET ADDRESS	
CITY-ST-ZIP	LARGO, FL 33774			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLAIRE-SPINA, KELLY			NAME	<b>VP EDWARD CONSIDINE</b>
STREET ADDRESS	14255 ROSEMARY LANE #8304			STREET ADDRESS	<b>11945 143RD ST. N #7127</b>
CITY-ST-ZIP	LARGO, FL 33774			CITY-ST-ZIP	<b>LARGO, FL 33774</b>
TITLE	DS	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DION, MARY ROSE			NAME	<b>D</b>
STREET ADDRESS	11945 143RD ST. N. #7124			STREET ADDRESS	
CITY-ST-ZIP	LARGO, FL 33774			CITY-ST-ZIP	
TITLE	DVP	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECK, ROBERT			NAME	<b>D</b>
STREET ADDRESS	11945 143RD ST N #7318			STREET ADDRESS	
CITY-ST-ZIP	LARGO, FL 33774			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: <u><i>Robert Beck</i></u>				4/3/08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>	
				<small>Daytime Phone #</small>	