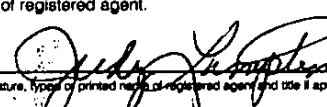
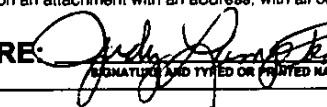


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90030 024 ****61.25

DOCUMENT # 752956 1. Entity Name LARGO MAR CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5717 THOMAS DRIVE PANAMA CITY BEACH, FL 32408			Mailing Address 5717 THOMAS DRIVE PANAMA CITY BEACH, FL 32408		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2041077	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent COLDWELL BANKER REAL ESTATE INC 726-B THOMAS DRIVE PANAMA CITY BEACH, FL 32408				7. Name and Address of New Registered Agent Name <u>Bay Point Real Estate Company</u> Street Address (P.O. Box Number is Not Acceptable) <u>P.O. 3900 Marietta Dr</u> Suite <u>J</u> City <u>PCB</u> FL Zip Code <u>32408</u>	
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 <u></u> 7-11-08 Signature, Type 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 September 12, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	D WHOTLEY, BEVERLY 120 MABRY RD. JACKSON, GA 30233	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Beverly Whatley 120 MABRY RD JACKSON, GA 30233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAMPTON, JUDY 5717 THOMAS DR. UNIT #121 PANAMA CITY BEACH, FL 32408	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CLARK, ROBERT 4180 RUE SAINT GERMAINE STONE MOUNTAIN, GA 30083	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Cody, Jackie 4954 Stonewall Tell Rd Atlanta, GA 30349
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HORTON, ROBERT 2406 HONEY CT MCDONOUGH, GA 30502	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Burch, Bill 658 N. Ranney Sikeston, MO 35124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRAYWICK, VIKKI 4125 WINGED FOOT WAY COLUMBUS, GA 31909	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D King, Jimmy P.O. Box 305 Clayton, AL 36016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FENNEL, HARRIET 1237 ELM ST. GREENSBURG, PA 15601	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Scyphars, Betty 3212 Quail Point Woodstock, GA 30189
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></u> 7-11-08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					