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	Mailing Address
5717 THOMAS DRIVE PANAMA CITY BEACH, FL 32408	5717 THOMAS DRIVE PANAMA CITY BEACH, FL 32408

07052008 Chg-NP CR2E037 (12/06)

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 59-2041077 ☐ 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
COLDWELL BANKER REAL ESTATE INC 726-B THOMAS DRIVE PANAMA CITY BEACH, FL 32408	Name: Bay Point Real Estate Company Street Address (P.O. Box Number is Not Acceptable): P.O. 3900 Marriott Dr Suite J City: PCB FL Zip Code: 32408

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 _____ 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~~ MABRY Jackson, Ga. 30233	☐ Change ☐ Addition
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	☐ Change ☑ Addition
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	☐ Change ☑ Addition
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	☐ Change ☑ Addition
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 Wood STOCK, GA 30189	☐ Change ☑ Addition

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: _____ 7-11-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #