


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90027 048 ****61.25

DOCUMENT # 768619 1. Entity Name LABELLE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 12900 VONN RD. LARGO, FL 33774 US		Mailing Address 300 S DUNCAN AVE STE 220B CLEARWATER, FL 33755 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
4. FEI Number 59-2343002		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHEK, CAROL 12900 VONN RD #A103 LARGO, FL 33774		7. Name and Address of New Registered Agent Name <u>Corneilous Kiernan</u> Street Address (P.O. Box Number is Not Acceptable) <u>12900 Vonn Rd., #G201</u> City <u>Largo</u> FL Zip Code <u>33774</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>Corneilous Kiernan</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>2/16/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 VP NAME GROSS, CARL STREET ADDRESS 12900 VONN RD D 103 CITY-ST-ZIP LARGO, FL 33774	<input type="checkbox"/> Delete	TITLE P NAME Corneilous Kiernan STREET ADDRESS 12900 Vonn Rd., #G201 CITY-ST-ZIP Largo, FL 33774	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE P NAME CHEK, CAROL STREET ADDRESS 12900 VONN RD #A 103 CITY-ST-ZIP LARGO, FL 33774	<input checked="" type="checkbox"/> Delete	TITLE S NAME Rhonda Siegers-Guida STREET ADDRESS 12900 Vonn Rd., #A104 CITY-ST-ZIP Largo, FL 33774	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME FETHERSTON, FRANK STREET ADDRESS 12900 VENN ROAD #D204 CITY-ST-ZIP LARGO, FL 33774	<input type="checkbox"/> Delete	TITLE T NAME Patti Armstrong STREET ADDRESS 12900 Vonn Rd., #A106 CITY-ST-ZIP Largo, FL 33774	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME MARTIN, BONNIE STREET ADDRESS 12900 VONN RD., #104 CITY-ST-ZIP LARGO, FL 33774	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME MALACHIAS, DENO STREET ADDRESS 12900 VONN ROAD #D104 CITY-ST-ZIP LARGO, FL 33774	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Corneilous Kiernan</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>2/16/06</u> DAYTIME PHONE # <u>727-643-7135</u>	