

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

AMENDED \$61.25

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J86663

1. Corporation Name

Largo I. I. T. S. Homeowners Association, Inc.

Principal Place of Business

Mailing Address

**Largo FL
1001 Starkey Rd**

**1001 Starkey Rd Lot 58A
Largo FL 34641**

3. Date Incorporated or Qualified
8-03-1987

3a. Date of Last Filing

2. Principal Place of Business

2a. Mailing Address

21. State Apt. #, etc.

26. State Apt. #, etc.

4. FEI Number

59-2745265

2. Agency Fee Required

\$8.75 Additional Fee Required

22. City & State

27. City & State

5. Certificate of Status Desired

\$5.00 May Be Added to Fee

23. Country

28. Country

6. Election Campaign Financing Trust Fund Contribution

8. This corporation has liability for its indebtedness under Florida Statutes

24. Country

25. Country

29. Country

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. City

FL

85. City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its principal office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby, I, the undersigned, certify that I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Ted Archer President

5-9-96

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO THE INFORMATION REPORTED IN BLOCK 12

1. TITLE: **President**
2. NAME: **Smith, James**
3. STREET ADDRESS: **1001 Starkey Rd Lot 58**
4. CITY, ST, ZIP: **Largo FL 34641**

1. TITLE: **President**
2. NAME: **Archer, Ted**
3. STREET ADDRESS: **1001 Starkey Rd Lot 131**
4. CITY, ST, ZIP: **Largo FL 34641**

5. TITLE: **[] DELETE**
6. NAME: **[] DELETE**
7. STREET ADDRESS: **[] DELETE**
8. CITY, ST, ZIP: **[] DELETE**

5. TITLE: **Vice President**
6. NAME: **Fleming, Don**
7. STREET ADDRESS: **1001 Starkey Rd Lot 822**
8. CITY, ST, ZIP: **Largo FL 34641**

9. TITLE: **[] DELETE**
10. NAME: **[] DELETE**
11. STREET ADDRESS: **[] DELETE**
12. CITY, ST, ZIP: **[] DELETE**

9. TITLE: **Director**
10. NAME: **Mildred**
11. STREET ADDRESS: **[] DELETE**
12. CITY, ST, ZIP: **[] DELETE**

13. TITLE: **[] DELETE**
14. NAME: **[] DELETE**
15. STREET ADDRESS: **[] DELETE**
16. CITY, ST, ZIP: **[] DELETE**

13. TITLE: **Director**
14. NAME: **Tilki, Mildred**
15. STREET ADDRESS: **1001 Starkey Rd Lot 284**
16. CITY, ST, ZIP: **Largo FL 34641**

17. TITLE: **[] DELETE**
18. NAME: **[] DELETE**
19. STREET ADDRESS: **[] DELETE**
20. CITY, ST, ZIP: **[] DELETE**

17. TITLE: **[] DELETE**
18. NAME: **[] DELETE**
19. STREET ADDRESS: **[] DELETE**
20. CITY, ST, ZIP: **[] DELETE**

21. TITLE: **[] DELETE**
22. NAME: **[] DELETE**
23. STREET ADDRESS: **[] DELETE**
24. CITY, ST, ZIP: **[] DELETE**

21. TITLE: **[] DELETE**
22. NAME: **[] DELETE**
23. STREET ADDRESS: **[] DELETE**
24. CITY, ST, ZIP: **[] DELETE**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1906 of the Internal Revenue Code. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature is not true. I understand that if I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, that my name appears in Block 12 or Block 13, I changed, or on an attachment with an address.

SIGNATURE: **Ted Archer**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-96

536-9702

oe 5/1/96