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PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT 1997			Secretary of State DIVISION OF CORPORATIONS		Secretary of State	
· Corporatio			(8)			
LARGO	I.I.T.S. HOMEOW	MERS ASSOCIA	ATION, INC.		I KARNINA ANTA MAKA AHKIR ANTA AKIRA NIK	I BIRNI BIRKI BIRNI BIRNI BIRNI BIRNI ITBI
Original Place	o of Chairnes		Mailing Address			
Principal Place of Business XXI STARKEY ROAD DT 58A			1001 STARKEY RD LOT 58A			
		L				
RGO FL 346	41	U	ARGO FL 33771-5454 S		3. Date incorporated or Qualified 08/03/1987	3a. Date of Last Report 02/02/1996
Principal F	Place of Business	26	Mailing Address		4. FEI Number 59-2745265	Applied For Not Applica
Suite, Apt.	#, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Sta	le	27	City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
Ĺ		28			Trust Fund Contribution	Added to Fees
Zф }	Cour	·	Zip 1	Country 30	This corporation has liability for Florida Statutes	r intangible tax under s. 199.032 ☐ Yes ☐ No
L	[25] 9. Name and Add	29 ress of Current Reg		[30]	10. Name and Address of New R	
	D, EDWIN I.			B1 Name	ID S. BERNS	TFIN
	WEST BAY DRIVE			82 Street Add	oress (P.Q. Box Number is Not Accepta	ble)
LAR	GO FL 34640			83 / 20	2NU FIVE IY	0.
				11		
				<u> </u>		
				84 CILY F	FTERSHURO	FL 85 Zip Code
1. Pursuant	to the provisions of Se	ections 607,0502 and	607.1508, Florida Stat	STI	ETERS BURG	FL 19370/
Pursuant office or agent 1 a	to the provisions of So registered agent, or be am familiar with, and a	ections 607,0502 and oth, in the State of Flo ecent the obligations	607.1508, Florida Stat rida. Such change wa of, Section 607.0505,	STI	ETERSHUAS rporation submits this statement for the ation's board of directors. I hereby acceptance	FL 19370/
				tutes, the above-named cors s authorized by the corpora Florida Statutes.		purpose of changing its register ept the appointment as registere
GNATURE		octions 607,0502 and olb, in the State of Flo coept the obligations and the obligations of FICE RS AND DIRI	tie if applicable (N	tutes, the above-named cors s authorized by the corpora Florida Statutes. OTE: Registered Agent signature requirements	uired when reinstaling) ADDITIONS/CHANGES TO OFF	purpose of changing its registere the appointment as registere # 9 9 1 DATE TOTAL T
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