

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J86663

1. Entity Name

LARGO I.I.T.S. HOMEOWNERS ASSOCIATION, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90118 021 ***150.00

Principal Place of Business
1001 STARKEY ROAD
LOT 58A
LARGO FL 34641
US

Mailing Address
1001 STARKEY RD
LOT 58A
LARGO FL 33771-3175
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2745265

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

BERNSTEIN, DAVID S
150 2ND AVE N
ST PETERSBURG FL 33701

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	JEAN MARINARO	
STREET ADDRESS	1001 STARKEY RD 801	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	READING, JACK	
STREET ADDRESS	1001 STARKEY RD #422	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	T	<input type="checkbox"/> Delete
NAME	BARBARA CURTIN	
STREET ADDRESS	1001 STARKEY RD. #754	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	FERGUSON, DORCAS	
STREET ADDRESS	1001 STARKEY RD 234	
CITY-ST-ZIP	LARGO FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RUTH PARKER	
STREET ADDRESS	1001 STARKEY RD #130	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCGING, MARY	
STREET ADDRESS	1001 STARKEY RD #714	
CITY-ST-ZIP	LARGO FL 33771	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TED ARCHER	
STREET ADDRESS	1001 STARKEY RD #131	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARWIN HUGHES	
STREET ADDRESS	1001 STARKEY RD #636	
CITY-ST-ZIP	LARGO FL 33771	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANYCE CRUSE	
STREET ADDRESS	1001 STARKEY RD #370	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARY PERNEILL	
STREET ADDRESS	1001 STARKEY RD #682	
CITY-ST-ZIP	LARGO FL 33771	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *BARBARA CURTIN* **TREAS.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/00
Date

727/535-0105
Daytime Phone #