

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2002 8:00 am**  
**Secretary of State**

02-10-2002 90053 043 \*\*\*150.00

**DOCUMENT # J86663**

1. Entity Name

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

Principal Place of Business

**1001 STARKEY ROAD  
 LOT 58A  
 LARGO FL 34641  
 US**

Mailing Address

**1001 STARKEY RD  
 LOT 58A  
 LARGO FL 34641  
 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**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2002 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	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>READING, JOHN</b>	
STREET ADDRESS	<b>1001 STARKEY RD LOT 422</b>	
CITY-ST-ZIP	<b>LARGO FL 33771</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CLEARY, JOANN</b>	
STREET ADDRESS	<b>1001 STARKEY RD LOT 690</b>	
CITY-ST-ZIP	<b>LARGO FL 33771</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GABOCY, JAMES</b>	
STREET ADDRESS	<b>1001 STARKEY RD LOT LOT 119</b>	
CITY-ST-ZIP	<b>LARGO FL 33771</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CRUSE, JANYCE</b>	
STREET ADDRESS	<b>1001 STARKEY RD 234</b>	
CITY-ST-ZIP	<b>LARGO FL 33771</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PERNULL, GARY</b>	
STREET ADDRESS	<b>1001 STARKEY RD # 682</b>	
CITY-ST-ZIP	<b>LARGO FL 33771</b>	
TITLE	<b>TS</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MEHL, PAUL</b>	
STREET ADDRESS	<b>1001 STARKEY RD LOT 587</b>	
CITY-ST-ZIP	<b>LARGO FL 33771</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JANYCE CRUSE</b>	
STREET ADDRESS	<b>1001 STARKEY RD LOT 370</b>	
CITY-ST-ZIP	<b>LARGO, FL. 33771</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Shirley Morrissey</b>	
STREET ADDRESS	<b>1001 STARKEY RD LOT 71</b>	
CITY-ST-ZIP	<b>LARGO, FL. 33771</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>David Darby</b>	
STREET ADDRESS	<b>1001 Starkey Rd Lot 132</b>	
CITY-ST-ZIP	<b>LARGO, FL. 33771</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JOAN DUNN</b>	
STREET ADDRESS	<b>1001 STARKEY RD LOT 628</b>	
CITY-ST-ZIP	<b>LARGO, FL. 33771</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BRUNO LORIS</b>	
STREET ADDRESS	<b>1001 STARKEY Rd Lot 632</b>	
CITY-ST-ZIP	<b>LARGO, FL. 33771</b>	

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:

**David Darby**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/22/02 (727) 768-8523**

CR2E034 (9/01)