

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90024 033 ****70.00

DOCUMENT # N00600

1. Entity Name

LARGO AREA HOUSING DEVELOPMENT CORPORATION



Principal Place of Business
2139 NE COACHMAN RD
CLEARWATER FL 33765

Mailing Address
2139 NE COACHMAN RD
CLEARWATER FL 33765

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

59-2355317

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TIEMAN, L D
1120 KINGSLEY ST
CLEARWATER FL 33759

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TIEMAN, DUKE L 650 MAIN STREET SAFETY HARBOR FL 34695	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BRICKLEY, PAM 2464 W. GRANDA CIR S SAINT PETERSBURG FL 33712	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MCCONNELL, DARLENE 710 CARILLON PARKWAY LARGO FL 33773	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GORG, WALTER 13110 - 115TH ST NO. LARGO FL 33778	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST PETE, FL 33773	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LISA FURNEU 710 CARILLON PKWY ST PETE, FL 33773	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L. Duke L. Tieman
L. DUKE L. TIEMAN

2/25/04
Date

727-442-7075
Daytime Phone #