

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00600

FILED  
Mar 04, 2009  
Secretary of State

**Entity Name:** LARGO AREA HOUSING DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

2139 NE COACHMAN RD  
CLEARWATER, FL 33765

**New Principal Place of Business:**

2139 NE COACHMAN RD - SUITE #1  
CLEARWATER, FL 33765

**Current Mailing Address:**

2139 NE COACHMAN RD  
CLEARWATER, FL 33765

**New Mailing Address:**

2139 NE COACHMAN RD - SUITE #1  
CLEARWATER, FL 33765

**FEI Number:** 59-2355317

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

TIEMAN, L D  
1120 KINGSLEY ST  
CLEARWATER, FL 33759 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: TIEMAN, DUKE L  
Address: 650 MAIN STREET  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: VD ( ) Delete  
Name: BRICKLEY, PAM  
Address: 2464 W. GRANDA CIR S  
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: SD ( ) Delete  
Name: MCCONNELL, DARLENE  
Address: 710 CARILLON PARKWAY  
City-St-Zip: ST. PETE, FL 33773

Title: TD ( ) Delete  
Name: FURNELL, LISA  
Address: 710 CARILLON PKWY  
City-St-Zip: ST. PETE, FL 33773

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DUKE L TIEMAN

PD

03/04/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date