


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000000540</b> 1. Entity Name <b>LAKE MAGGIORE SHORES NEIGHBORHOOD ASSOCIATION, INC.</b>	
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Principal Place of Business  
**1434 23RD AVE SOUTH  
ST. PETERSBURG, FL 33705**

Mailing Address  
**1434 23RD AVE SOUTH  
ST. PETERSBURG, FL 33705**



02132004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**DARLING, BERNICE  
1434 23RD AVE SOUTH  
ST. PETERSBURG, FL 33705**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000094201  
03/22/04-80049-019 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
DARLING, BERNICE  
1434 23RD AVE SOUTH  
ST. PETERSBURG, FL 33705**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
BATES, VIOLA  
1520-26TH AVE. SOUTH  
ST. PETERSBURG, FL 33705**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
SANDERS, DEBORAH  
2309-13TH ST SOUTH  
ST. PETERSBURG, FL 33705**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
PORTER, DAPHNE  
1301-26TH AVE. SOUTH  
ST. PETERSBURG, FL 33705**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

**Bernice Darling**

**3/11/04 (727) 893-7473**  
Date Daytime Phone #