2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001030

FILED Apr 10, 2009 Secretary of State

Entity Name: LARGO BAND OF GOLD ALUMNI ASSOCIATION, INC.

Current Principal Place of Business: 101 E KENNEDY BLVD STE 2700 TAMPA, FL 33602 US		New Principal Place of Business:
		101 E KENNEDY BLVD STE 2700 SUITE 2700 TAMPA, FL 33602 US
Current M	lailing Address:	New Mailing Address:
101 E KENNEDY BLVD STE 2700 TAMPA, FL 33602 US		101 E KENNEDY BLVD STE 2700 SUITE 2700 TAMPA, FL 33602 US
El Number	: FEI Number Applied For()	FEI Number Not Applicable (X) Certificate of Status Desired ()
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
BRITTAIN, DAVID R 101 E KENNEDY BLVD STE 2700 FAMPA, FL 33602 US		BRITTAIN, DAVID R 101 E KENNEDY BLVD STE 2700 SUITE 2700 TAMPA, FL 33602 US
	named entity submits this statement for the $\mathfrak p$ e of Florida.	ourpose of changing its registered office or registered agent, or both,
SIGNATU	RE:	04/10/2009
	Electronic Signature of Registered Age	ent Date
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Fitle: Name: Address: City-St-Zip:	DT () Delete ROUGHTON, KAREN C 303 GOLF VIEW LANE GREENVILLE, SC 29609	Title: () Change () Addition Name: Address: City-St-Zip:
Fitle: Name: Address: Dity-St-Zip:	D () Delete ROSE, EVELYN 3172 PORTER DRIVE PALO ALTO, CA 94304	Title: () Change () Addition Name: Address: City-St-Zip:
Fitle: Name: Address: City-St-Zip:	DP () Delete COTTER, ROBERT W 2012 GAP CREEK ROAD GREER, SC 29651	Title: () Change () Addition Name: Address: City-St-Zip:
Fitle: Name: Address: Dity-St-Zip:	DV () Delete MAYHEW, NEIL 1903 SKY DRIVE CLEARWATER, FL 33755	Title: () Change () Addition Name: Address: City-St-Zip:
Γitle:	DS () Delete KAHN, JULIE	Title: () Change () Addition Name:
Name: Nddress: City-St-Zip:	38 PRESCOTT STREET WATERTOWN, MA 02472	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: ROBERT W. COTTER P 04/10/2009