FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #
1. Corporation Name

SIGNATURE:

LARGO PROFESSIONAL CENTER CONDOMINIUM ASSOCIATIO

N. INC. Principal Place of Business Mailing Address 200 CLEARWATER LARGO RD., S.W. 200 CLEARWATER LARGO RD., S.W. LARGO FL 33770 **LARGO FL 34640** 3. Date incorporated or Qualified 01/15/1985 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2565029 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 27 City & State City & State 6. Election Campaign Financing 23 28 Trust Fund Contribution Zip 2770 Country Country Zιρ 8. This corporation has liability for intangible tax under s. 199.032,

FILED Jan 31 1997 8:00am Secretary of State



3a. Date of Last Report 05/01/1996

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

24 7 7 1		30			Florida Statutes Lines	
	9. Name and Address of Current Registered Agent		١		10. Name and Address of New Registered Agent	
MCFADDEN, MICHAEL K. 200 CLEARWATER LARGO ROAD S.W.			81	Name Street	Address (P.O. Box Number is Not Acceptable)	
			83			
			84	City	85 Zip Code	
			••	Oity	FL S Z S S S S S S S S	
11. Pursuant to office or re agent. I an	o the provisions of Sections 617.0502 and 617.1508, Florida ogistered agent, or both, in the State of Florida. Such change in familiar with, and accept the obligations of, Section 617.050	Statutes, the a was authorize 03, Florida Sta	bove d by tutes	-named the corp i.	orporation submits this statement for the purpose of changing its registere poration's board of directors. I hereby accept the appointment as registered	
SIGNATURE _	Signature, typed or printed name of registered agent and title if applicable	INOTE: Popieter	d Ann	ni nimah wa	e required when reinstating) DATE	
12.	OFFICERS AND DIRECTORS	13.	an villa	ir siği izidi e	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD DELET		ITLE		Change Additi	
NAME	MCFADDEN, MICHAEL K.		IAME			
STREET ADDRESS	200 CLEARWATER LARGO RD	1	-	ADDRESS		
CITY-ST-ZIP	LARGO FL		HTY-5		·	
TITLE	DP DELET		_	' • •	Change Additi	
NAME	PECAREK, JOHN H.	2.21	IAME	Ì	Charles and the second of the	
STREET ADDRESS	200 CLEARWATER LARGO RD	2.3 9	TREET	ADDRESS		
CITY-ST-ZIP	LARGO FL		CITY-S			
TITLE	VD DELE		TITLE		Change Additi	
NAME	HERMAN, DANIEL J.	3.2	AME			
STREET ADDRESS	200 CLEARWATER LARGO RD	3.3 \$	TREET	ADDRESS		
CITY-ST-ZIP	LARGO FL		CITY-S			
TITLE	DELET		TITLE		☐ Change ☐ Additi	
NAME		4.2	NAME			
STREET ADDRESS		4.3 5	STREET	ADDRESS		
CITY-ST-ZIP		4.4.0	CITY-S	T-ZIP		
TITLE	DELE	TE 5.1.1	ITLE		Change Additi	
NAME		5.21	VAME			
STREET ADDRESS		5.3 5	STREET	ADDRESS		
CITY-ST-ZIP		5.4 0	CITY-S	T-ZIP		
TITLE	☐ DELF	TE 6.1 7	MLE		Change Addit	
NAME		6.21	NAME			
STREET ADDRESS		6.3 3	STREET	ADDRESS		
CITY-ST-ZIP			CITY-S			
14. I do hereb	y certify that the information supplied with this filing does not	qualify for the	өхө	mption s	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the	
Lam an of	n indicated on this annual report or supplemental annual repr ficer or director of the corporation or the receiver or trustee a Block 12 or Block 13 inchanged, or or an attachment with t	moowered to	exec exec	rate and ute this r	d that my signature shall have the same legal effect as if made under oath; t report as required by Chapter 617, Florida Statutes; and that my name	