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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07129

1. Corporation Name
LARGO PROFESSIONAL CENTER CONDOMINIUM ASSOCIATIO

FILED Feb 02, 1999 8:00am Secretary of State

02-02-1999 90033 007 ****61.25

cipal Place of Business CLEARWATER LARGO RD. S.V IGO FL 33770	Mailing Addres 200 CLEARWA LARGO FL 337 US	TER LARGO RD	s.w.			
Principal Place of Business	2a. Mailing Add	dress	<u> </u>	3. Date Incorporated or Qualifed 01/15/1985		
	26	41 -4-		4. FEI Number	Ap	plied For
Suite, Apt. #, etc.	Suite, Apt.	#, etc.		59-2565029		t Applicable
City & State	27 City & Stat	te		5. Certifcate of Status Desired	\$8.75 / Fee Re	equired
City & State	28			Comparing Financing	\$5.00	May Be
Zip Co	untry Zip		Country	Trust Fund Contribution	Added	to Fees
25	29	30		10. Name and Address of New Regis	stered Agent	
9. Name and A	ddress of Current Registered Ager	<u></u>	81 Name			
MCFADDEN, MICHAEL K 200 CLEARWATER LARGO LARGO FL 33770	ROAD S.W.		83 84 City	ress (P.O. Box Number is Not Acceptable)	FI 85 Zip	Code
office or registered agent, or	both, in the State of Florida. Section 6	nange was autho 17.0503, Florida	Statutes.		21 (5) 3(2) 214(1)	7 45. 9.5.
SNATURE SIgnature, typed or primi	OFFICERS AND DIRECTORS OFFICERS L. C.		13. 1.1 TITLE 1.2 NAME	poration submits this statement for the purpion's board of directors: I hereby accept the red when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	ORS IN 12
SIGNATURE SIGNATURE SD MCFADDEN, ME 200 CLEARWA	of name of registered agent and title if applicable. OFFICERS AND DIRECTORS	(NOTE: Reg	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	red when reinstating) ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECT	ORS IN 12
SIGNATURE SIGNAT	OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS INCHAEL K. ATER LARGO RD	(NOTE: Reg	13. 1.1 TITLE 1.2 NAME	red when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECT	ORS IN 12
SIGNATURE SIGNATURE SIGNATURE SD MCFADDEN, ME 200 CLEARW/LARGO FL LARGO FL DP	od name of registered agent and title if applicable. OFFICERS AND DIRECTORS AICHAEL K. ATER LARGO RD	(NOTE: Reg	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	red when reinstating) ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECT	ORS IN 12
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GNATURE Signeture, typed or print LE SD MCFADDEN, M REETADDRESS Y-ST-ZIP LARGO FL LE DP PECAREK, JO 200 CLEARW/ LARGO FL LARGO FL LARGO FL VD LARGO FL	OFFICERS AND DIRECTORS AICHAEL K. ATER LARGO RD HN H. ATER LARGO RD	(NOTE: Regi	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	red when reinstating) ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECT	ORS IN 12 Addition
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14. 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 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 is indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an information 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: Solu AT THE

SOLUTATION MALE CLASSING OFFICER OR DIRECTOR

1/11/99 727/584-8161 Date Dayline Phone #