


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

FILED
Jan 31, 2004 08:00 AM
Secretary of State

DOCUMENT # N07129 1. Entity Name LARGO PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 200 CLEARWATER LARGO RD., S.W. LARGO, FL 33770 US	Mailing Address 200 CLEARWATER LARGO RD., S.W. LARGO, FL 33770 US
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2565029	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCFADDEN, MICHAEL K.
200 CLEARWATER LARGO ROAD S.W.
LARGO, FL 33770

**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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCFADDEN, MICHAEL K. 200 CLEARWATER LARGO RD LARGO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PECAREK, JOHN H. 200 CLEARWATER LARGO RD LARGO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HERMAN, DANIEL J. 200 CLEARWATER LARGO RD LARGO, FL
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02/02/04-80052-003 61.25

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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:  **01-29-04 727-584-8161**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #