

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90010 028 ****61.25

DOCUMENT # N07129

1. Entity Name
**LARGO PROFESSIONAL CENTER CONDOMINIUM
ASSOCIATION, INC.**



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**

40006797



01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2565029

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE SD
NAME MCFADDEN, MICHAEL K.
STREET ADDRESS 200 CLEARWATER LARGO RD
CITY-ST-ZIP LARGO, FL

TITLE DP
NAME PECAREK, JOHN H.
STREET ADDRESS 200 CLEARWATER LARGO RD
CITY-ST-ZIP LARGO, FL

TITLE VD
NAME HERMAN, DANIEL J.
STREET ADDRESS 200 CLEARWATER LARGO RD
CITY-ST-ZIP LARGO, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(i), 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

JOHN H. PECAREK

1/5/05
Date

727/584-8161
Daytime Phone #