

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90292 038 ****61.25

DOCUMENT # N34993

1. Entity Name
**LARGO LAKES PROPERTY OWNERS ASSOCIATION,
INC.**



Principal Place of Business

**777 S. HARBOUR ISLAND BLVD., SUITE 877
TAMPA, FL 33602**

Mailing Address

**777 S. HARBOUR ISLAND BLVD., SUITE 877
TAMPA, FL 33602**

DO NOT WRITE IN THIS SPACE



03292006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
59-3089711

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HARROD, GARY W
777 S. HARBOUR ISLAND BLVD., SUITE 877
TAMPA, FL 33602**

**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)

4-10-06

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HARROD, GARY W
STREET ADDRESS 777 S. HARBOUR ISLAND BLVD., SUITE 877
CITY-ST-ZIP TAMPA, FL 33602

TITLE SD
NAME BENNETT, PATTI A
STREET ADDRESS 777 S. HARBOUR ISLAND BLVD., SUITE 877
CITY-ST-ZIP TAMPA, FL 33602

TITLE D
NAME WEBSTER, ROBERT C II
STREET ADDRESS 777 S. HARBOUR ISLAND BLVD., SUITE 877
CITY-ST-ZIP TAMPA, FL 33602

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

4-10-06

Date

Daytime Phone #