
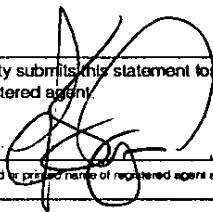
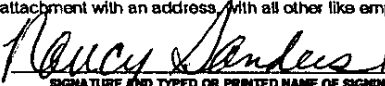


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90210 028 ****61.25

DOCUMENT # N43452					
1. Entity Name LARGO CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 792 94TH AVE N NAPLES, FL 34108 US			Mailing Address 792 94TH AVE N NAPLES, FL 34108 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0266755	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PUTNAM, DAVID 792 94TH AVE N NAPLES, FL 34108			Coastal Property Management of SW Florida, Inc. 501 Goodlette Rd. N, Ste A-206 Naples, FL 34102		
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:  T.S. GREEN 4-24-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLANDO, RICHARD		NAME		
STREET ADDRESS	212 2ND ST S		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITEFORD, WILLIAM		NAME		
STREET ADDRESS	210 2ND ST SOUTH		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	SEC/TREAS. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANDERS, NANCY		NAME		
STREET ADDRESS	220 2ND STREET S		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	PRES. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	BLAINE MURPHY	
STREET ADDRESS			STREET ADDRESS	232 2ND STREET SOUTH	
CITY-ST-ZIP			CITY-ST-ZIP	NAPLES, FL 34102	
TITLE		<input type="checkbox"/> Delete	TITLE	VPRES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	NAN DIETRICH	
STREET ADDRESS			STREET ADDRESS	222 2ND STREET SOUTH	
CITY-ST-ZIP			CITY-ST-ZIP	NAPLES FL 34102	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:  NANCY SANDERS 4-24-05 434-2077 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					