

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90057 013 ****61.25

DOCUMENT # N43452

1. Entity Name
LARGO CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**C/O COASTAL PROPERTY MANAGEMENT
501 GOODLETTE RD N STE -A-206
NAPLES, FL 34102 US**

Mailing Address
**C/O COASTAL PROPERTY MANAGEMENT
501 GOODLETTE RD N STE -A-206
NAPLES, FL 34102 US**

40040914



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

SUITE C-200

Suite, Apt. #, etc.

STE C-200

02122007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0266755

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COASTAL PROPERTY MANAGEMENT OF SW FL, INC
501 GOODLETTE RD NORTH
SUITE-A-206
NAPLES, FL 34102**

Name

Street Address (P.O. Box Number is Not Acceptable)

SUITE C-200

City

FL

Zip Code

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 **ST** ☐ Delete
NAME **SANDERS, NANCY**
STREET ADDRESS **220 2ND STREET S**
CITY-ST-ZIP **NAPLES, FL 34102**

TITLE **SEC.** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **MURPHY, BLAINE**
STREET ADDRESS **232 2ND ST SOUTH**
CITY-ST-ZIP **NAPLES, FL 34102**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **DIETRICH, NAN**
STREET ADDRESS **222 2ND ST SOUTH**
CITY-ST-ZIP **NAPLES, FL 34102**

TITLE **TREAS** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **DICK FLANDO**
STREET ADDRESS **212 2ND STREET SOUTH**
CITY-ST-ZIP **NAPLES, FL 34102**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John S. Green - Manager
2/28/2007 239-434-2077