

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90099 048 ****61.25

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1. Entity Name
LA BELLE OF LARGO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
**12900 VONN RD
LARGO, FL 33774 US**

Mailing Address
**10825 SEMINOLE BLVD
#1
LARGO, FL 34648 US**

50011561



2. Principal Place of Business

3. Mailing Address

01062005 Chg-NP CR2E037 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2818970

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KAPPER, THOMAS W
10825 SEMINOLE BLVD
#1
LARGO, FL 33778**

7. Name and Address of New Registered Agent

Name

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

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, 2005**

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

TITLE **D** ☐ Delete
NAME **WUTKE, ROBERT**
STREET ADDRESS **12900 VONN RD., #G202**
CITY-ST-ZIP **LARGO, FL 33774**

TITLE **DT** ☐ Delete
NAME **ROSE, IVAN**
STREET ADDRESS **12900 VONN RD., E101**
CITY-ST-ZIP **LARGO, FL 33774**

TITLE **DS** ☐ Delete
NAME **GALAR, CYNTHIA**
STREET ADDRESS **12900 VONN RD., E-203**
CITY-ST-ZIP **LARGO, FL 33774**

TITLE **DP** ☒ Delete
NAME **WUTKE, ROBERT**
STREET ADDRESS **12900 VONN RD., #G202**
CITY-ST-ZIP **LARGO, FL 33774**

TITLE **D** ☐ Delete
NAME **GWINN, MICHELLE**
STREET ADDRESS **12900 VONN RD. # E 205**
CITY-ST-ZIP **LARGO, FL 33774**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE ☐ Change ☒ Addition
NAME **DP ROSE, RONALD**
STREET ADDRESS **12900 VONN RD. # E106**
CITY-ST-ZIP **LARGO, FL 33774**

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:

Ivan D Rose

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IVAN ROSE

Date

1-18-05

Daytime Phone #

727-391-1192