

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90282 018 ****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**

00041131



2. Principal Place of Business

3. Mailing Address

03312006 Chg-NP CR2E037 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2818970

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

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

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, 2006**

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	<input type="checkbox"/> Delete
NAME	WUTKE, ROBERT	
STREET ADDRESS	12900 VONN RD., #G202	
CITY-ST-ZIP	LARGO, FL 33774	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ROSE, IVAN	
STREET ADDRESS	12900 VONN RD., E101	
CITY-ST-ZIP	LARGO, FL 33774	
TITLE	DS	<input type="checkbox"/> Delete
NAME	GALAR, CYNTHIA	
STREET ADDRESS	12900 VONN RD., E-203	
CITY-ST-ZIP	LARGO, FL 33774	
TITLE	DP	<input type="checkbox"/> Delete
NAME	RESZKA, RONALD	
STREET ADDRESS	12900 VONN ROAD #E106	
CITY-ST-ZIP	LARGO, FL 33774	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GWINN, MICHELLE	
STREET ADDRESS	12900 VONN RD. # E 205	
CITY-ST-ZIP	LARGO, FL 33774	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Neal Kiernan	
STREET ADDRESS	12900 Vonn Rd. # G201	
CITY-ST-ZIP	Largo, FL 33774	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Ivan D. Rose
IVAN D. ROSE

4-4-06

Date

Daytime Phone #