

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90375 036 ****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**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01172007 Chg-NP CR2E037 (12/06)

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KIERNAN, NEAL
12900 VONN RD. #G201
LARGO, FL 33774** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Sallie Elmore
12900 VONN RD. # G102
LARGO, FL 33774** ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
James MacLachlan
12900 Vonn RD. # G104
LARGO, FL 33774** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
RESZKA, RONALD
12900 VONN ROAD #E106
LARGO, FL 33774** ☐ Delete

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 3-7-07 **IVAN ROSE 3-7-07 127-397-1192**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #