


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90072 003 ****61.25

DOCUMENT # N93000002350	
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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent KAPPER, THOMAS W 10825 SEMINOLE BLVD #1 LARGO, FL 33778	
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40069195



03052008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2818970	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DVP	TITLE	DT
NAME	WUTKE, ROBERT	NAME	BATTUSO, Doreen
STREET ADDRESS	12900 VONN RD., #G202	STREET ADDRESS	12900 VONN RD. #E206
CITY-ST-ZIP	LARGO, FL 33774	CITY-ST-ZIP	LARGO, FL 33774
TITLE	D	TITLE	DVP
NAME	ELMORE, SALLIE	NAME	ELMORE, SALLIE
STREET ADDRESS	12900 VONN RD., G102	STREET ADDRESS	12900 VONN RD. #G102
CITY-ST-ZIP	LARGO, FL 33774	CITY-ST-ZIP	LARGO, FL 33774
TITLE	DS	TITLE	
NAME	GALAR, CYNTHIA	NAME	
STREET ADDRESS	12900 VONN RD., E-203	STREET ADDRESS	
CITY-ST-ZIP	LARGO, FL 33774	CITY-ST-ZIP	
TITLE	DP	TITLE	
NAME	RESZKA, RONALD	NAME	
STREET ADDRESS	12900 VONN ROAD #E106	STREET ADDRESS	
CITY-ST-ZIP	LARGO, FL 33774	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	GWINN, MICHELLE	NAME	
STREET ADDRESS	12900 VONN RD. # E 205	STREET ADDRESS	
CITY-ST-ZIP	LARGO, FL 33774	CITY-ST-ZIP	
TITLE	D	TITLE	D
NAME	MACLACHLAN, JAMES	NAME	ROSE, IVAN
STREET ADDRESS	12900 VONN RD., G104	STREET ADDRESS	12900 VONN RD. #E101
CITY-ST-ZIP	LARGO, FL 33774	CITY-ST-ZIP	LARGO, FL 33774

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: Doreen J. Battuso **4/1/08** **727-399-1192**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #