2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002350

FILED Apr 17, 2009 Secretary of State

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

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
12900 VOI LARGO, F		S			
Current Mailing Address:			New Maili	New Mailing Address:	
10825 SEN	MINOLE BLVD				
#1					
LARGO, F					
FEI Number:	: 59-2818970	FEI Number Applied For ()	FEI Number Not Appl	icable () Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and	Address of New Registered Agent:	
10825 SÉN #1	THOMAS W MINOLE BLVD L 33778 US				
The above	named entity e of Florida. RE:	,		ts registered office or registered agent, or both,	
	Electro	nic Signature of Registered Age	ent	Date	
OFFICERS	S AND DIREC	TORS:	ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address:	ELMORE, SAL		Title: Name:	() Change () Addition	
City-St-Zip:	12900 VONN F LARGO, FL 33		Address: City-St-Zip:		
	LARGO, FL 33	8774) Delete HIA 2D., E-203		()Change()Addition	
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	DS (GALAR, CYNTI 12900 VONN R LARGO, FL 33	8774) Delete HIA 2D., E-203 8774) Delete ALD COAD #E106	City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition	
City-St-Zip: Title: Name: Address:	DS (GALAR, CYNTI 12900 VONN F LARGO, FL 33 DP (RESZKA, RON 12900 VONN F LARGO, FL 33	8774) Delete HIA 2D., E-203 8774) Delete ALD COAD #E106	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:		
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	DS (GALAR, CYNTI 12900 VONN F LARGO, FL 33 DP (RESZKA, RON 12900 VONN F LARGO, FL 33	8774) Delete HIA ID., E-203 8774) Delete ALD ROAD #E106 8774	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	() Change () Addition DT () Change (X) Addition GATTUSO, DOREEN 12900 VONN ROAD #E206	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD RESZKA P 04/17/2009