


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # 716578		
1. Entity Name TARPON CENTER VILLAS, INC.		
Principal Place of Business 900 GIBBS RD VENICE, FL 34285 US	Mailing Address C/O ANTARES GROUP INC 4195 S. TAMiami TR. PMB #173 VENICE, FL 34293 US	



01292008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1325385	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ANTARES GROUP INC
4195 S. TAMiami TR., PMB #173
VENICE, FL 34293

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000876010
04/11/08-80055-016 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNIGHT, LILLIAN 905 GIBBS RD VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCGREGOR, LARRY 903A GIBBS RD VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FONTAINE, MARY 907A GIBBS ROAD VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKENS, RUE 905 GIBBS ROAD VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERCE, JOHN 911 A GIBBS RD VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/5/08