

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 734279 (3)

1. Corporation Name

TARPON WOODS, TANGLEWOOD PATIO HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3490 EAST LAKE ROAD
SUITE C
PALM HARBOR FL 34685
US**

**% MANAGEMENT & ASSOCIATES
PO BOX 1448
PALM HARBOR FL 34682-448
US**



3. Date Incorporated or Qualified
11/10/1975

3a. Date of Last Report
04/21/1995

4. FEI Number

59-1716033

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCANNAVION, DOMINICK
3490 EAST LAKE ROAD, SUITE C
PALM HARBOR FL 34685**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS HACKNEY, M.
BRONKIE, MURIEL
1640 PALMER CT
PALM HARBOR FL**

☐ DELETE

1.1 TITLE
D/S

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

HACKNEY, MURIEL

1640 PALMER COURT

PALM HARBOR, FL 34685

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
FRENCH, SALLY
410 PALMER CIRCLE
PALM HARBOR FL**

☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
JURGENSEN, RUSS
910 PALMER LANE
PALM HARBOR FL**

☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GRAVES, ROBERT DR.
1010 PALMER LANE
PALM HARBOR FL**

☒ DELETE

4.1 TITLE
D

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

FRY, BEALE

540 PALMER CIRCLE

PALM HARBOR, FL 34685

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MESSEBERG, EVE
2040 PALMER WAY
PALM HARBOR FL**

☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BATES, TOM
1510 PALMER COURT
PALM HARBOR FL**

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/96

813-784-4030

Date

Daytime Phone #

CR2E037 (12/95)