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Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # 734279

1. Corporation Name

TARPON WOODS, TANGLEWOOD PATIO HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
JIM NOBLES MANAGEMENT, INC. 800 Tarpon Woods Blvd. F-1 Palm Harbor FL 34685 US	JIM NOBLES MANAGEMENT, INC. 800 Tarpon Woods Blvd. F-1 Palm Harbor FL 34685

3. Date Incorporated or Qualified: 11/10/1975

4. FEI Number: 59-1716033 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JIM NOBLES MANAGEMENT, INC. 800 TARPON WOODS BLVD. SUITE F 1 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 617.1508, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BATES, THOMAS	1.2 NAME	
STREET ADDRESS	1510 PALMER COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34685	1.4 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FRENCH, SALLY	2.2 NAME	
STREET ADDRESS	410 PALMER CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34685	2.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	JURGENSEN, RUSSELL	3.2 NAME	
STREET ADDRESS	910 PALMER LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34685	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	OSBORNE, BOBBY	4.2 NAME	
STREET ADDRESS	2120 PALMER PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34685	4.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MESSEBERG, EVE	5.2 NAME	
STREET ADDRESS	2040 PALMER WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34685	5.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	PASSER, MELVIN	6.2 NAME	
STREET ADDRESS	2020 PALMER WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34685	6.4 CITY-ST-ZIP	

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address.

SIGNATURE: Russell J. Jurgensen 4/8/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (10/97)