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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 734279

1. Corporation Name

TARPON WOODS, TANGLEWOOD PATIO HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

C/O JIM NOBLES MANAGEMENT, INC.  
 800 TARPON WOODS BLVD. F-1  
 PALM HARBOR FL 34685  
 US

Mailing Address

C/O JIM NOBLES MANAGEMENT, INC.  
 800 TARPON WOODS BLVD. F-1  
 PALM HARBOR FL 34685  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

11/10/1975

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

9. Name and Address of Current Registered Agent

JIM NOBLES MANAGEMENT INC.  
 800 TARPON WOODS BLVD  
 STE F1  
 PALM HARBOR FL 34685

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  DELETE  
 NAME BATES, THOMAS  
 STREET ADDRESS 1510 PALMER COURT  
 CITY-ST-ZIP PALM HARBOR FL 34685

TITLE VP  DELETE  
 NAME FRENCH, SALLY  
 STREET ADDRESS 410 PALMER CIRCLE  
 CITY-ST-ZIP PALM HARBOR FL 34685

TITLE T  DELETE  
 NAME JURGENSEN, RUSS  
 STREET ADDRESS 910 PALMER LANE  
 CITY-ST-ZIP PALM HARBOR FL 34685

TITLE D  DELETE  
 NAME OSBORNE, BOBBY  
 STREET ADDRESS 2120 PALMER PL  
 CITY-ST-ZIP PALM HARBOR FL 34685

TITLE S  DELETE  
 NAME MESSEBERG, EVE  
 STREET ADDRESS 2040 PALMER WAY  
 CITY-ST-ZIP PALM HARBOR FL 34685

TITLE D  DELETE  
 NAME PASSER, MELVIN  
 STREET ADDRESS 2020 PALMER WAY  
 CITY-ST-ZIP PALM HARBOR FL 34685

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P D  Change  Addition  
 1.2 NAME BATES, THOMAS  
 1.3 STREET ADDRESS 1510 PALMER COURT  
 1.4 CITY-ST-ZIP PALM HARBOR FL 34685

2.1 TITLE VP D  Change  Addition  
 2.2 NAME FRENCH, SALLY  
 2.3 STREET ADDRESS 410 PALMER CIRCLE  
 2.4 CITY-ST-ZIP PALM HARBOR FL 34685

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE TD  Change  Addition  
 6.2 NAME PASSER, MELVIN  
 6.3 STREET ADDRESS 2020 PALMER WAY  
 6.4 CITY-ST-ZIP PALM HARBOR, FL 34685

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE:

*Melvin Passer*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/02/99 (727) 714-9900  
 Date Daytime Phone #

CR2E037 (11/98)