

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90010 028 \*\*\*\*61.25

|                                                                                                                                                                                                                               |                                                                    |                                                                                     |                                                                                         |                                                                                                                                                                                                                                       |                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>DOCUMENT # 734279</b><br>1. Entity Name<br><b>TARPON WOODS, TANGLEWOOD PATIO HOMEOWNERS' ASSOCIATION, INC.</b>                                                                                                             |                                                                    |                                                                                     |                                                                                         |                                                                                                                                                      |                                                |
| Principal Place of Business<br><b>251 WINDWARD PASSAGE<br/>STE F<br/>CLEARWATER FL 33767<br/>US</b>                                                                                                                           |                                                                    |                                                                                     | Mailing Address<br><b>251 WINDWARD PASSAGE<br/>STE F<br/>CLEARWATER FL 33767<br/>US</b> |                                                                                                                                                                                                                                       |                                                |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.                                                                                                                                                         |                                                                    |                                                                                     | 3. Mailing Address<br>Suite, Apt. #, etc.                                               |                                                                                                                                                                                                                                       |                                                |
| City & State                                                                                                                                                                                                                  |                                                                    |                                                                                     | City & State                                                                            |                                                                                                                                                                                                                                       |                                                |
| Zip                                                                                                                                                                                                                           | Country                                                            | Zip                                                                                 | Country                                                                                 | 4. FBI Number<br><b>59-1716033</b>                                                                                                                                                                                                    |                                                |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                     |                                                                    |                                                                                     |                                                                                         | <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                 |                                                |
| 6. Name and Address of Current Registered Agent<br><br><b>JIM NOBLES MANAGEMENT INC.<br/>251 WINDWARD PASSAGE STE F<br/>CLEARWATER FL 33767</b>                                                                               |                                                                    |                                                                                     |                                                                                         | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |                                                |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when reappointing)</small>                                              |                                                                    |                                                                                     |                                                                                         |                                                                                                                                                                                                                                       |                                                |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2008</b>                                                                                                                                                                        |                                                                    | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                         | <b>\$5.00 May Be Added to Fees</b>                                                                                                                                                                                                    |                                                |
| <b>Make Check Payable to<br/>Florida Department of State</b>                                                                                                                                                                  |                                                                    |                                                                                     |                                                                                         |                                                                                                                                                                                                                                       |                                                |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                    |                                                                    |                                                                                     |                                                                                         | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                                                                                                 |                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | D<br>BATES, THOMAS<br>1510 PALMER COURT<br>PALM HARBOR FL 34685    |                                                                                     |                                                                                         | <input type="checkbox"/> Delete                                                                                                                                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| D<br>Anthony Dayes<br>1110 Palmer Lane<br>Palm Harbor, FL 34685                                                                                                                                                               |                                                                    |                                                                                     |                                                                                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                                                                                                                          |                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | DVP<br>YOUNG, KEN<br>1340 PALMER LANE<br>PALM HARBOR FL 34685      |                                                                                     |                                                                                         | <input type="checkbox"/> Delete                                                                                                                                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| D<br>James Schoenberg<br>1310 Palmer Lane<br>Palm Harbor, FL 34685                                                                                                                                                            |                                                                    |                                                                                     |                                                                                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                                                                                                                          |                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | S<br>MESSEBERG, EVE<br>2040 PALMER WAY<br>PALM HARBOR FL 34685     |                                                                                     |                                                                                         | <input type="checkbox"/> Delete                                                                                                                                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TD<br>PASSER, MELVIN<br>2020 PALMER WAY<br>PALM HARBOR FL 34685                                                                                                                                                               |                                                                    |                                                                                     |                                                                                         | <input type="checkbox"/> Delete                                                                                                                                                                                                       |                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | DP<br>CHLEBUS, ROSEMARIE<br>1840 PALMER CT<br>PALM HARBOR FL 34685 |                                                                                     |                                                                                         | <input type="checkbox"/> Delete                                                                                                                                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| DP<br>CHLEBUS, ROSEMARIE<br>1840 PALMER CT<br>PALM HARBOR FL 34685                                                                                                                                                            |                                                                    |                                                                                     |                                                                                         | <input type="checkbox"/> Delete                                                                                                                                                                                                       |                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | (Empty)                                                            |                                                                                     |                                                                                         | <input type="checkbox"/> Delete                                                                                                                                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| (Empty)                                                                                                                                                                                                                       |                                                                    |                                                                                     |                                                                                         | <input type="checkbox"/> Delete                                                                                                                                                                                                       |                                                |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Rosemarie J. Chlebus* ROSEMARIE J. CHLEBUS April 03, 2008 (727) 784-4279