

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90241 043 ****61.25

DOCUMENT # 749713					
1. Entity Name TARPON BEACH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2475 W GULF SANIBEL, FL 33957			Mailing Address ISLAND MANAGEMENT PO BOX 1000 SANIBEL, FL 33957		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		03312005 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-1971398				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JAMBECK, NICK 703-B TARPON BAY ROAD SANIBEL, FL 33957			Name <u>Steen Mackesy</u> Street Address (P.O. Box Number is Not Acceptable) <u>711 Tarpon Bay Rd</u> City <u>Sanibel</u> FL Zip Code <u>33957</u>		
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 <u>[Signature]</u> Signature, typed or printed name of registered agent and title if applicable.			DATE <u>4-7-05</u> (NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME SWAIN, CHRIS STREET ADDRESS 616 EDMONDS ROAD CITY-STATE-ZIP FRAMINGHAM, MA 01701	☐ Delete		TITLE [Blank] NAME [Blank] STREET ADDRESS [Blank] CITY-STATE-ZIP [Blank]	☐ Change ☐ Addition	
TITLE VD NAME SMITH, RONALD STREET ADDRESS P.O. BOX 2002 CITY-STATE-ZIP CREEMORE, ONTARIO, CANADA, L0M-1G0	☒ Delete		TITLE James Clarkson NAME 2475 W. Gulf #112 STREET ADDRESS Sanibel, FL 33957 CITY-STATE-ZIP Sanibel, FL 33957	☐ Change ☒ Addition	
TITLE TD- NAME LUKEN, RON STREET ADDRESS 155 ETHEL COURT CITY-STATE-ZIP WALLED LAKE, MI 48390	☒ Delete		TITLE TD NAME Don Smith STREET ADDRESS 2475 W-Gulf #109 CITY-STATE-ZIP Sanibel Fla 33957	☐ Change ☒ Addition	
TITLE SD NAME SEIBOLD, MARVIN STREET ADDRESS 6133 BLUE CR DRIVE CITY-STATE-ZIP HOPKINS, MN 55343	☒ Delete		TITLE SD NAME Kathy Greene STREET ADDRESS 2475 W. Gulf #207 CITY-STATE-ZIP Sanibel FL 33957	☐ Change ☒ Addition	
TITLE D NAME ROBERTS, JOE STREET ADDRESS 2475 W GULF #206 CITY-STATE-ZIP SANIBEL, FL 33957	☐ Delete		TITLE [Blank] NAME [Blank] STREET ADDRESS [Blank] CITY-STATE-ZIP [Blank]	☐ Change ☐ Addition	
TITLE [Blank] NAME [Blank] STREET ADDRESS [Blank] CITY-STATE-ZIP [Blank]	☐ Delete		TITLE [Blank] NAME [Blank] STREET ADDRESS [Blank] CITY-STATE-ZIP [Blank]	☐ Change ☐ Addition	
12. 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 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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE <u>4-7-05</u> <u>239-472-5728</u> Date Daytime Phone		