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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 1:24

DOCUMENT # 751526 (5)

1. Corporation Name
TARPON COVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4131 GUNN HIGHWAY TAMPA FL 33624	4131 GUNN HIGHWAY TAMPA FL 33624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/12/1980
3a. Date of Last Report: 03/07/1994
4. FEI Number: 59-2147971 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
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 1531 W. KLOSTERMAN RD	26 1531 W. KLOSTERMAN RD
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: TARPON SPRINGS, FL	28 City & State: TARPON SPRINGS, FL
24 Zip: 34689 25 Country:	29 Zip: 34689 30 Country:

9. Name and Address of Current Registered Agent

GREENACRE PROPERTIES, INC
4131 GUNN HIGHWAY
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name: TARPON COVE CONDOMINIUMS
82 Street Address (P.O. Box Number is Not Acceptable): 1531 W. KLOSTERMAN Rd.
83 TARPON SPRINGS
84 City: FL 85 Zip Code: 34689

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Jeffrey R. D'Amours, Manager 2/7/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when name changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D	☒ Change ☐ Addition
NAME	PETRELLA, JOE	1.2 NAME	Janet Carroll	
STREET ADDRESS	1802 MARINER DR. #22	1.3 STREET ADDRESS	1804 Mariner Drive #35	
CITY-ST-ZIP	TARPON SPRINGS FL	1.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	P	2.1 TITLE	D	☐ Change ☒ Addition
NAME	SHAVER, DAN	2.2 NAME	Joseph Schwalje	
STREET ADDRESS	1018 MARINER DR. #407	2.3 STREET ADDRESS	1810 Mariner Dr. #104	
CITY-ST-ZIP	TARPON SPRINGS FL	2.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	STERN, LAVERNE	3.2 NAME		
STREET ADDRESS	1813 MARINER DR #152	3.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	FITZPATRICK, JOHN C	4.2 NAME		
STREET ADDRESS	5428 SENECA CT	4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL	4.4 CITY-ST-ZIP		
TITLE	V	5.1 TITLE	D	☒ Change ☐ Addition
NAME	BURNS, ROBERT	5.2 NAME	Ray Wingate	
STREET ADDRESS	1810 MARINER DR #405	5.3 STREET ADDRESS	1806 Mariner Drive #111	
CITY-ST-ZIP	TARPON SPRINGS FL	5.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	SCHWARTZ, SHELDON	6.2 NAME		
STREET ADDRESS	1815 MARINER DR #174	6.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL	6.4 CITY-ST-ZIP		

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)(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: J. Dan Shaver, President 2/7/95 813-934-1172
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014350