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NONPROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # 751526

1. Corporation Name

TARPON COVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1531 W. KLOSTERMAN RD. TARPON SPRINGS FL 34689 US	1531 W. KLOSTERMAN RD. TARPON SPRINGS FL 34689 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 03/12/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2147971 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

D'AMOURS, JEFFREY R
1531 W. KLOSTERMAN RD.
TARPON SPRINGS FL 34689

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 _____ 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	D	☐ DELETE	1.1 TITLE	DVP	☐ Change ☑ Addition
NAME	WILLIAMS, DOUG		1.2 NAME	CARROLL, JANET	
STREET ADDRESS	1801 MARINER DR SUITE 19		1.3 STREET ADDRESS	1804 MARINER DR, #35	
CITY-ST-ZIP	TARPON SPRINGS FL 34689		1.4 CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE	DT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	VENEZIA, FRANK		2.2 NAME		
STREET ADDRESS	1805 MARINER DR SUITE 55		2.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL 34689		2. 4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HUGHES, MIRIAM		3.2 NAME		
STREET ADDRESS	1810 MARINER DR SUITE 307		3.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL 34689		3.4. CITY-ST-ZIP		
TITLE	DP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SHAVER, DAN		4. 2 NAME		
STREET ADDRESS	1810 MARINER DR SUITE 407		4.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL 34689		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MECONNAHEY, BARBARA J		5.2 NAME		
STREET ADDRESS	1814 MARINER DRIVE #168		5.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL 34689		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ARBOUR, ROBERT		6.2 NAME		
STREET ADDRESS	1811 MARINE DRIVE, #128		6.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRGS FL 34689		6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Janet R. Carroll
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/7/99 Daytime Phone #

0072374

CR2E037 (11/98)