## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## Feb 27, 2006 8:00 am **Secretary of State DOCUMENT #751526** 02-27-2006 90076 033 \*\*\*\*61.25 TARPON COVE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 1531 W. KLOSTERMAN RD. **GREENACRE PROPERTIES INC** TARPON SPRINGS, FL 34689 4131 GUNN HWY TAMPA, FL 33618 LIS 2. Principal Place of Business 3. Mailing Address 1531 W V 4131 Guna Hu Suite, Apt. #, etc. Suite, Apt. #, etc. 01142006 Chg-NP CR2E037 (11/05) City & State 4 FEI Number 59-2147971 City & State Applied For 00000 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required ১৫০০েএ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BECKER & POLIAKOFF, P.A. 2401 WEST BAY DRIVE, SUITE 414 Street Address (P.O. Box Number is Not Acceptable) LARGO, FL 33770 City Zip Code 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Recistered Agent signature required when reinstation) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be П Due by May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE 12 Delete TITLE ☐ Addition Unation . PENNINGTON, LEONARD MALIF NAME STREET ADDRESS 1806 MARINER DR #116 STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS, FL 34689 CITY-ST-ZIP tm F ☐ Delete IIILE ☐ Channe ☐ Addition DARRAUGH, MARGERET NAME NAME STREET ADDRESS 1812 MARINER DR #130 STREET ADDRESS TARPON SPRINGS, FL 34689 CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 eppowered 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 price like eppowered.

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