

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756628

1. Entity Name

TARPON BAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

14459 RIVERBCH DR
EL JOBEAN FL 33953

Mailing Address

P.O. BOX 27183
EL JOBEAN FL 33927

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2632855

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ENGLISH, DOUGLAS R
5289 JOHNSTON TERRACE
PORT CHARLOTTE FL 33981

7. Name and Address of New Registered Agent

Name JUDY N. FEDERICO

Street Address (P.O. Box Number is Not Acceptable)

14459 River Beach DR.

A102

City Port Charlotte

FL

Zip Code

33953

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.

SIGNATURE

Judy N. Federico Secy Treas

4-26-2001

DATE

FILE NOW:
FEES \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ENGLISH, DOUGLAS 5289 JOHNSON TERRACE PORT CHARLOTTE FL 33981	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KNILIT, JIM 604 W OAK ST ARCADIA FL 34266	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALIKIAS, MICHAEL 39 RAMSGATE PALOS PARK IL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUILLORY, JOEL 175 E. DELAWARE PL #6309 CHICAGO IL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VAUDREUIL, MARY 14459 RIVER BEACH DR. #A-201 PORT CHARLOTTE FL 33953	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECY TREAS JUDY N. FEDERICO 14459 River Beach DR A102 Port Charlotte, FL 33953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KNIGHT JIM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT THOMAS MORRIS 14459 RIVER BEACH DR C121 PORT CHARLOTTE, FL 33953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Judy N. Federico Secy Treas

4-26-2001

941-255-8334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

0086676

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90069 002 ****61.25



DO NOT WRITE IN THIS SPACE