


## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90014 006 \*\*\*\*61.25

<b>DOCUMENT # N00000008241</b>				03-07-2007 90014 006 ****61.25	
1. Entity Name <b>TARPON HIGHLANDS AT LAKE TARPON SAIL &amp; TENNIS CLUB I CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>5623 US HIGHWAY 19 SUITE # 201 NEW PORT RICHEY, FL 34652 US</b>		Mailing Address <b>P.O. BOX 670 PORT RICHEY, FL 34673 US</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>NOT APPLICABLE</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>WARD, R. CARLTON C/O RICHARDS, GILKEY, FITE, SLAUGHTER ETAL 1253 PARK STREET CLEARWATER, FL 33756</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	<b>FL</b>	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 Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PERNELL, CAROL 98 S. HIGHLAND AVE # 502 TARPON SPRINGS, FL 34689	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. JAMES GRANT 98 S Highland AVE. #1701 Tarpon Springs FL 34689	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDI BURGESS, MEGAN P.O. BOX 670 PORT RICHEY, FL 34673	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Susan Collins 98 S Highland AVE. #2102 Tarpon Springs FL 34689	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, DAWN P.O. BOX 670 PORT RICHEY, FL 34673	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secy Michael DeARRUDA 95 S. Highland AVE. #1501 Tarpon Springs FL 34689	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas. Mark Koulianos 98 S Highland AVE. #2101 tarpon Springs FL 34689	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir. Dan Fordham 98 S Highland AVE. #1401 Tarpon Springs FL 34689	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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 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 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: _____			2/26/07 727-938-0311		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

**ATTACHMENT**  
**40030871**

Florida Department of State, Division of Corporations

www.sunbiz.org

**Public Inquiry****Florida Non Profit****TARPON HIGHLANDS AT LAKE TARPON SAIL & TENNIS CLUB I  
CONDOMINIUM ASSOCIATION, INC.****PRINCIPAL ADDRESS**5623 US HIGHWAY 19  
SUITE # 201  
NEW PORT RICHEY FL 34652 US  
Changed 04/05/2005**MAILING ADDRESS**P.O. BOX 670  
PORT RICHEY FL 34673 US  
Changed 04/05/2005**Document Number**  
N00000008241**FEI Number**  
N/AE**Date Filed**  
12/13/2000**State**  
FL**Status**  
ACTIVE**Effective Date**  
NONE**Last Event**  
REINSTATEMENT**Event Date Filed**  
04/23/2003**Event Effective Date**  
NONE**Registered Agent**

Name & Address
WARD, R. CARLTON C/O RICHARDS, GILKEY, FITE, SLAUGHTER ETAL 1253 PARK STREET CLEARWATER FL 33756
Name Changed: 04/23/2003
Address Changed: 04/23/2003

**Officer/Director Detail**

Name & Address	Title
PERNELL, CAROL 98 S. HIGHLAND AVE # 502	SD

**ATTACHMENT**  
**40030871**

TARPON SPRINGS FL 34689	
BURGESS, MEGAN P.O. BOX 670 PORT RICHEY FL 34673	VDT
WILLIAMS, DAWN P.O. BOX 670 PORT RICHEY FL 34673	PD

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### Annual Reports

Report Year	Filed Date
2004	03/12/2004
2005	04/05/2005
2006	04/28/2006

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No Name History Information

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### Document Images

Listed below are the images available for this filing.

04/28/2006 -- ANN REP/UNIFORM BUS REP
04/05/2005 -- ANNUAL REPORT
03/12/2004 -- ANN REP/UNIFORM BUS REP
04/23/2003 -- REINSTATEMENT
04/26/2001 -- Annual Report
12/13/2000 -- Domestic Non-Profit

**THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT**[Corporations Inquiry](#)[Corporations Help](#)