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COVER LETTER

TO: Amendment Section Division of Corporations	,	
	DS AT LAKE TARPON SAIL & TEN (Name of Corporation)	NNIS CLUB I CONDOMINIUM ASSOCITOC.
DOCUMENT NUMBER: N000	00008241	
The enclosed Officer/Director Resig	gnation for a Corporation and fee are su	bmitted for filing.
Please return all correspondence cor	ncerning this matter to the following:	
William J. WASSER (Name of Person	on)	
% ASSOCIATION DO	ATA MANAGEMENT, Iac	
P.6. BOY 2007 (Address)		
Duver 10, FC 34 (City/State and Zip	1697-2007 Code)	
For further information concerning t	this matter, please call:	
WILLIAM J. NASSER (Name of Person)	at (727) 735-0031 (Area Code & Daytime Tel	lephone Number)
Enclosed is a check for \$35.00 made	e payable to the Florida Department of	State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314	



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 16, 2008

WILLIAM NASSER % ASSOCIATION DATA MANAGEMENT, INC. P.O. BOX 20007 DUNEDIN, FL 34697-2007

SUBJECT: TARPON HIGHLANDS AT LAKE TARPON SAIL & TENNIS CLUB I

CONDOMINIUM ASSOCIATION, INC.

Ref. Number: N00000008241

We have received your document for TARPON HIGHLANDS AT LAKE TARPON SAIL & TENNIS CLUB I CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

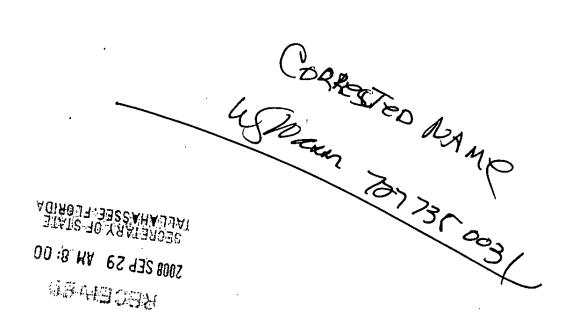
The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 608A00050392



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

*	Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, th statement of change is submitted for a corporation organized under the laws of the State of	is
	in andon to abance its reciptared office or reciptared agent or both in the State of Florida	
TAR	LOON HIGHLAUDS AT LAKE TARPON SAIL IN EURS CLUBI COM 1. The name of the corporation: TARPON HIGHLAUDS AT LAKE TARPON CLUB	authinodi
	2. The principal office address: 1022 Mary STREET Suite D	5/1/20
	Dupenio FC34698	TA
	3. The mailing address (if different): 80 ASSOCIATION DATA MANAGEMENT IN	
	P.O. Box doo7 Dune DIU, FC 3469-	7-2007
	4. Date of incorporation/qualification: 12/13/200 Document number: 1000000	8241 =
	5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	VISION OF VISION OF
	IRepe KARAGIANIS	29 29
	40347 45.19 Nooth	PH REDR
	TARPON SPRINGS TE 3489	PH 2:01
	6. The name and street address of the new registered agent (if changed) and /or registered office	
	(if changed): Robert L Tankel, P.A.	
	1022 MAIN ST	
	DUNEDIN FL 34698	
	The street address of its registered office and the street address of the business office of its registere as changed will be identical.	ed agent,
	Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.)
		SIJENT
	(Signature of an other or director) (Printed or typed name and title)	
	I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete per of my duties, and I am familiar with and accept the obligation of my position as registered agent. I document is being filed merely to reflect a change in the registered office address, I hereby confirm corporation has been notified in writing of this change.	formance Or if this
	document is being filed merely to reflect a change in the registered office address, I hereby confirm corporation has been notified in writing of this change.	that the
	Pres 8/26/06	
	(Signature of Registered Agent) (Date)	
	If signing on behalf of an entity:	
	If signing on behalf of an entity: (Typed or Printed Name) (Typed or Printed Name)	
	* * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)