2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State
03-19-2004 90053 042 ****61.25

DOCUMENT # N01849

1. Entity Name
ISLAND CLUB OF TARPON SPRINGS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1500 SUNSET RD TARPON SPRINGS, FL 34689 US	7300 PARK ST SEMINOLE, FL 33777 US

01162004 Chg-NP CR2E037 (10/03)

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 59-2376850 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

REINHARDT, DEBBIE
C/O RESOURCE MANAGEMENT
7300 PARK ST
SEMINOLE, FL 33777

7. Name and Address of New Registered Agent

Name

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

City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SELARNO, CAROL 1500 SUNSET RD #F2 TARPON SPRINGS, FL 34689	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Salerno, Carole	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT NOONAN, JOAN 1500 SUNSET RD #A3 TARPON SPRINGS, FL 34689	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV BABCOCK, SUSAN 1500 SUNSET RD # C6 TARPON SPRINGS, FL 34689	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Reynolds, Lenore 1500 Sunset Rd. Tarpon Springs, FL 34689	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Pagano, Joe 1500 Sunset Rd. # F2 Tarpon Springs, FL 34689	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D David Adams 1500 Sunset Rd, # B6 Tarpon Springs, FL 34689	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: X Carole Salerno 2/2/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CAROLE SALERNO (727)581-2662